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# Fort Wayne Medical Journal-Magazine

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## EDITORIALS

### *Raise the Standard of Fees.*

Within recent years we have noted the enhanced prices of the necessities of life and the steady increase in the earnings of nearly all classes of people from the modest day laborer to the president of large corporations. With this era of prosperity for the majority of people has not come an increased prosperity for the physician, except in the fact that in general the medical man is able to collect a larger percentage of his fees than ever before if he is a sufficiently good business man to take advantage of the increased ability of patrons to pay. As a matter of justice to the physician he should receive his share of the prosperity, over and above the mere increase of collections which applies to other lines of business as well as to the practice of medicine. While it costs the physician very much more to live than it ever did before, and while his patrons can afford to pay much more for medical services than ever before, yet in all probability, without exception, the fees for medical services are as low if not lower than they have been in many years. This is a condition which



should not exist, and is an injustice which should be remedied by concerted action on the part of the medical profession. This is an era in which combination of forces brings about results not to be obtained in any other way, and consequently there is scarcely a trade, a profession or an occupation in any walk of life that is not dominated and influenced by a combination in the form of a union, a company, a trust, or some such organization having as its object an increase in emoluments. While we do not advocate the formation of an organization among physicians which can be delegated as a "doctors' union," or a "doctors' trust," yet we believe in concerted action on the part of physicians to effect an increase in fees to correspond with the general increase in the cost of living as well as the cost of labor in other walks of life. This increase in medical fees should begin with the general practitioner, who for the most part always has been the poorest paid for services rendered, and yet because of the nature of his services should be one of the best paid. There is no valid reason to be offered in opposition to the statement that medical fees should be increased in proportion to the increase in earnings in other occupations, and we sincerely hope that the matter will receive consideration at the hands of physicians individually if not collectively.

A. E. B.

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### ***Bubonic Plague in San Francisco.***

Under date of Dec. 15th we have a letter from the editors of the Sacramento *Evening Bee* calling attention to editorial comments upon the subject of bubonic plague in California. It seems that some papers in California, which are entirely ignorant upon the subject, are still claiming that there is not and has not been any bubonic plague on the Pacific Coast, and realizing the absurdity of such a claim, and the absolute necessity for the employment of severe quarantine measures if such opinions are allowed to prevail, the *Evening Bee* has attempted to prove, from statements by competent medical authorities, that bubonic plague does exist and must be stamped out by more heroic measures than have yet been put into practice if California is not to suffer severely from this dreaded scourge. The editor of the *Bee* says that at no time, anywhere, or under any circumstances, has any doctor worthy of belief, or possessing any character or reputation whatever as a bacteriologist denied the existence of the plague in San Francisco. On the contrary the existence of the plague has been proven conclusively by bacteriological investigation on the part of numerous men of experience and authority who are competent to



judge and whose reputation is above misstatements for political or pecuniary advantage. Concluding the article the editor of the *Bee* says that California is in a precarious condition and her only salvation lies in telling the truth and getting to work. "Unless the evil is checked at once, through well directed efforts on the part of the State, then the National Government will be forced, even against the known efforts of Surgeon-General Wyman and others to save California, to step in and take drastic charge of the situation. That will probably mean the quarantining of the state of California. If that comes, then the people of California can thank Governor Gage, the Press of San Francisco, the State Board of Health, the political doctors of California, and all the other men and bodies which have followed the idiotic and ostrich policy in lying in the very teeth of scientifically demonstrated facts, and have thus already given California a black eye from one end of this country to the other. The plain truth honestly confessed right now cannot do California one-tenth the injury that has already been inflicted by her outrageous boomerang prevarication."

**537186**

A. E. B.

***The Danger of Injuries by, or Contact with the Smaller Animals.***

Every once in a while something occurs to point to the hazard of allowing children or others to fondle animals which are either habitually kept as pets or rarely so like the fox or coon. The daily dispatches recently contained the following :

NILES, Mich., January 11.—The town of Bear Lake is greatly excited over a mysterious case which has already resulted in the death of two men, while a third is not expected to live.

Charles Buckner, age 45, went hunting and was bitten by a fox. Nothing was thought of it until erysipelas set in, and he died in a few days. During his illness he was cared for by Gilbert Shryser, aged 26, and James Williams, aged 35.

Soon after Buchner died his nurses came down with the disease. On Tuesday Shryser died. Williams is in a precarious condition.

The bite of a healthy fox with a clean mouth would amount to little more than a traumatism of the same dimensions from some other cause. Some sort of infection had been accidentally taken into the mouth and conveyed by the teeth in the wound produced by the bite. The infection in this case was undoubtedly a strep-



tococcus which produced a virulent type of erysipelas which was conveyed to two other persons with results as above indicated. I have personally known of one child losing its life by fondling a pet dog belonging to a neighbor in whose family there was scarlet fever. It is a matter of common information that cats and dogs which are the ordinary household pets, are very apt to have both their teeth and claws in contact with material filled with active pathogenic organisms. Many cases are now recorded, especially in the secular press, where lives have been either endangered or sacrificed in this manner, and it is clearly the duty of the medical profession to point out to the laity the possible dangers from this source. Barring rabies in the dog, perhaps neither the bite nor the scratch of the dog or the cat would prove serious in the absence of pathogenic organisms accidentally carried by them and inoculated into the wound. Abolition of such pets is too impossible a thing to seriously advocate, but their habits and environments can be controlled to a great extent, and people can and should know the possible dangers thus incurred.

G. W. M.

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### *The Province of the Surgeon.*

In a recent editorial on the subject of the treatment of appendicitis, in the Cincinnati *Lancet-Clinic*, Dr. Gallet, of Brussels, is credited with the following:

“Never permit a surgeon to put his hand on your case, except after the most mature consideration of reflecting physicians, men who are never impulsive and who always carefully weigh the considerations pro and con, and only when such general practitioners decide the operation is useful and is necessary to the welfare of the patient. Let us hope that doctors will only pursue this course, and it will lead us back to proper ground. Only when manual dexterity is needed should the surgeon be called in to the case.”

Evidently Dr. Gallet still entertains the mediæval opinion that a surgeon is merely a craftsman. I can not bring myself to believe that this is a truthful reflection of the relationship that exists in Belgium between physicians and surgeons. Such a relationship would certainly not be conducive to the best interests of either the profession or the public.

Other things being equal, which has the better opportunity for qualifying himself to judge as to the advisability of operating in appendicitis, the surgeon who sees almost daily the living pathology in these cases or the physician who seldom sees this, and who, in the



majority of instances, buries his fatal cases without autopsy? Surely among thinking men there will be but one answer to this question.

To call a mere adept in operative procedures a surgeon is a travesty on common sense and good judgment. Either the surgeon knows better than the physician, not only how but when to operate and why to operate in a case of appendicitis, or he usurps a title to which he has less right than the physician. One might with as much reason say that the physician should be and is a better judge than the surgeon as to the character of the treatment best adapted to a given case of hip disease, as to say that the physician is more capable than the surgeon of deciding as to the best method of treating a case of appendicitis.

Surely if it comes within the province of the physician to decide when to operate, then he should in all fairness be asked to decide how the operation shall be done. He must then in fairness decide in a given case whether drainage is necessary or not; whether the appendix shall be sought for and removed, or whether a simple drainage operation is better; whether, if drainage is decided upon, the tube or the gauze or both shall be used. In short, he must plan and direct the operation and the after-treatment, and must assume all responsibility of the case, other than that which belongs to the execution of the operation.

If it is "only when manual dexterity" is needed that the surgeon is to be called, then it is necessary that the surgeon possess "manual dexterity" only. He need not be a diagnostician; he need know nothing of pathology; in short, it is only necessary that he be a good craftsman. Certainly such a conception of the surgeon's province, if it were to obtain generally, would result in a degradation of the profession of surgery to a level so low that men of ability and force would shun it.

For the most part the lines dividing the field of the surgeon from that of the physician are clear and distinct. In many places the fields over-lap and here there is required the judgment and skill of both the physician and the surgeon, if the best results possible are to be achieved for the patient. Given a case of suspected brain tumor for instance. Here the wise surgeon will call in a physician skilled in cerebral diagnosis, and the two will study the case together, each contributing from his own special knowledge and skill to the end that the patient may be relieved.

The field of medicine is much too broad to be mastered by any single mind, and it is daily growing broader. The best interests of



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the sick and afflicted demand that the various branches of medicine be mastered to the fullest possible extent.

As indicated above, the field of the physician often over-laps that of the surgeon and *vice versa*. This should not and does not beget conflict between really good men, but brings them closer together, each in his own particular sphere working to the same end, i. e. the patient's relief. No surgeon worthy of the name likes to cut for the sake of cutting, and no physician worthy of the name opposes operation for the sake of contrariness. To recognize one's limitations is a mark of wisdom; to acknowledge them, a mark of honor; to fail in the first is to mark one's self a fool; to fail in the latter is to mark one's self a knave. Only he who recognizes his limitations and acknowledges them is worthy of the high calling of either the physician or the surgeon.

M. F. P.

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### *The High Ideals of Our Guild.*

The chief concern of commercialism is for customers and profit; the chief characteristics of quackery are mystery, bigotry, vanity and exorbitant fees for imaginary service. We have recently seen in this country an illustration of the characteristics of true professionalism. Dr. Adolph Lorenz, a Vienna surgeon, was engaged to come over and operate on the child of a Chicago millionaire for congenital dislocation of the hip. Unfortunately, the newspapers got hold of the matter and exploited it in their own peculiar way, but we are reliably informed that Dr. Lorenz was in no way responsible for this. However, the fact that he was extensively advertised by the newspapers causes the professional characteristics to which we wish to call attention to stand out all the more clearly.

After treating his patient, he gave a clinic in Chicago for charity patients only, for the purpose of demonstrating to the profession there his bloodless plan of operating for congenital dislocation of the hip joint. Then he and his assistant started on a tour of the country, embracing the opportunity, while here, to see the great and growing America. In the large cities he was received cordially by the medical profession, and on account of the extensive advertising given him by the newspapers, he could have been besieged by eager patients, and he could have obtained numerous large fees. Instead of this, he placed himself entirely in the hands of the medical profession of the city being visited, consenting to operate on charity patients only, as a rule, and by means of these charity



cases, demonstrate his operation to the medical profession.

We were fortunate in being among the 700 medical men selected from this city, state and surrounding states to witness Dr. Lorenz' clinic given at the Jefferson Hospital. The operation consists in breaking up existing adhesions by free and thorough manipulations, reducing the dislocation, and bandaging the limb in plaster, in extreme pronation, in order to preserve the reduction. Dr. Lorenz is a large, powerful, kind hearted and simple natured man. His manipulations were thorough, skilful and successful. The greatest wonder was, how such force could be applied to the limbs of little children (for the operation is applicable only to children, preferably below the age of seven) without breaking the femur. He carefully explained and demonstrated each step, including the peculiar bandaging and after management. He worked hard, both mentally and physically, for two hours and a quarter, not for fees, but for the gratuitous instruction of his brethren on this side of the water. No mystery, no bigotry, no vanity; a deliberate choice to instruct his brethren in the profession instead of taking large fees. The patients were charity patients, chosen from a great many with reference to illustrating the different applications of the operation.

Here is an altruism not found in other callings. At the extreme opposite end of the pole is found the quack, who, with such an opportunity, would have wrapped his art in the deepest mystery, made the most extravagant claims, and he would have reaped a rich harvest of gold. Just before Dr. Lorenz began to operate, he modestly acknowledged the possibility of his failure. This illustrates his modesty and freedom from pretense. When he was taken to Cramps' Ship yard, the engineer said that he would take greater pleasure in showing him around than he did in showing Prince Henry around. This incident is one of many showing that such a man as Dr. Lorenz is dearer to the heart of the masses—the common people—of this country than royalty.

Trade seeks to beat all competition. Monopoly seeks to crush all competitors. Corporations exist for profit. Trusts are notorious for the most cruel and unfair selfishness. But here is an eminent member of our profession who tarries while thousands of miles from his home, to work for charity, and to demonstrate his methods, freely and without charge, to his brethren on this continent, that they may serve humanity better. Let us be proud that we are members of such a profession, and let us, every day, live up to the highest ideals of our guild.—*The Medical World.*



## ORIGINAL ARTICLES

No paper published or to be published elsewhere as original  
will be accepted in this department.

### *Puerperal Eclampsia.\**

BY DR. H. V. SWERINGEN,  
Fort Wayne, Ind.

If the paper I am about to read is not fully up to date, the Society will please attribute it to the fact that with the exceptions of two quotations for the purpose of its argument, I have not consulted a single authority in its preparation, but have relied wholly upon my own experience in the treatment of the malady under consideration.

My ideas of the treatment, though not in accord with, were formed from the study of the instruction received in my college days, the books that were considered standard at that time, and my first case in actual experience, and have proven so successful in my practice that I have not had occasion to consult any recent writers upon the subject, and therefore, I am not aware of the advance, if any, that has been made in the conduct of these cases.

A recent case of puerperal eclampsia has recalled to my mind a number of such cases occurring in my own practice and that of midwives and physicians to whose assistance I was summoned, and has suggested the malady as a very important and interesting subject for the present consideration of this Society, being the period at which my participation in its annual papers has arrived.

Eclampsia, as you are aware, is a convulsive or epileptiform seizure, occurring in women during pregnancy, labor or the lying-in period, and is supposed to occur about once in three hundred pregnancies. The maternal mortality is estimated to be about 30 per cent. and the foetal mortality is said to be 50 per cent. The immediate causes of maternal death are oedema of the brain and lungs, asphyxia, heart failure, exhaustion and apoplexy. Death of the foetus is usually due to asphyxia from interference with the placental circulation.

So far as I am informed there is nothing stated positively by our authorities as to the cause of this alarming and peculiar affection, although all seem to be well agreed that it is due to the retention in the system of some toxin or toxins that should normally have been

\*Read before the Allen County Medical Society, December 9th, 1902.



eliminated by the kidneys. That suppression of the function of these organs as well as of the skin and bowels predisposes the pregnant woman to eclampsia at any time during utero-gestation but more especially in the latter weeks thereof, is a fact that appears to be well established.

That which has rendered this recent case somewhat anomalous or unique, is the fact that the history given by herself and husband, is practically negative in prodromic symptoms. There was no disturbance of vision, no vertigo, no nausea, no headache, no epigastric pain, no oedema, no suppression of urine, although its color she said, was quite dark for several weeks. I do not know how much weight to attach to her statements. She certainly must have had one or more of the usual indications of the coming storm, though so slight perhaps as to escape her notice. She did recall the fact, when her attention was directed to it by inquiry, that she had been more or less drowsy and disposed to sleep through the day for some weeks prior to her labor.

She was a primipara in the care of a midwife who reached her bedside but a short time after her pains began, and who had not been with her more than a half hour until she was suddenly seized by a convulsion without any apparent warning. Upon my arrival soon after, I found the patient still in the convulsive state. Her face was deeply cyanosed, and she was frothing copiously at the lips. She is of plethoric habit. In conformity with my practice in these cases, although apparently contra-indicated by the comatose condition manifested, I gave her at once a hypodermic of one-half grain of morphia sulph., and had the midwife administer chloroform sufficient to control the convulsive movements, while I directed my attention immediately to effecting as speedily as possible a sufficient dilation of the os uteri to admit of the application of the forceps. The os, which was dilated to the size of a nickel, and was thick, hard and rigid, soon yielded to the relaxing influence of the narcotics administered, and the manipulation of my fingers and those of my son Garrett who had now arrived to assist in the delivery.

In the course of not more than twenty or thirty minutes of our alternate digital manipulation of the os, I was enabled to apply the forceps on a normally presenting head, and deliver without rupturing the perineum, a female child, alive, and weighing about eight pounds.

The blood which escaped the vulva during the delivery was observed to be as black as tar, and nearly of the same consistence. The child, being delivered, I directed the women attendants to wring



flannel blankets out of a boiler of water previously placed upon the stove for the purpose, and wrap them around the body of the patient with the view of promoting copious diaphoresis, but not finding any blankets they used cloths of any description conveniently at hand, and in their excitement and anxiety succeeded only in scalding the patient over the inner aspect of the middle third of each thigh and on the sole of the left foot. The delivery was effected at about seven o'clock in the morning, and it was not until three o'clock in the afternoon that the patient became conscious. I then administered a large saline cathartic, and, with the exception of her scalds, her recovery was uninterrupted.

I have referred to the instruction received at college in regard to these cases, but I must confess that I have never practiced the measure made most conspicuously and emphatically important to his class by the late Ellerslie Wallace of the Jefferson School. One of the questions Prof. Wallace asked me in my final examination was: "What would you do in a case of puerperal eclampsia?" Knowing the only answer he would accept, and believing at the time, as instructed, that it was the principal factor in successful treatment, I of course replied that I would bleed. But I have never bled a single case, and I can now recall twelve of them, out of which number I lost but one, and that one I feel morally certain I could have saved had I been allowed to deliver the woman about ten hours earlier than I did deliver her. The case is of sufficient importance and interest to relate somewhat in detail, for it is from our failures that we learn our most important lessons.

A Mrs. K., living on Michigan Avenue, had engaged Dr. Porter to attend her in her confinement. Dr. Porter soon after went north on his vacation, leaving the case in the care of Dr. Howard McCullough, who I believe, visited the lady once or twice. On a Sunday morning about dawn the patient was suddenly seized by a most violent convulsion. Dr. B. Van Sweringen, who was then residing within a square or two of her house, was hastily called to see her. He responded promptly, and at a glance took in the character of the case and telephoned for me. By the time I arrived, or soon after, the patient had recovered from her convulsion and was apparently quite herself again. Nevertheless, I insisted upon an immediate delivery of the child as soon as a forcible dilatation of the os could be effected, even though she was not in labor nor her time fully expired.

Now there were in this family two physicians practising in or near Warsaw, and one preacher. The preacher only was present



with the husband and wife on this occasion. He was the father of the patient if I remember correctly. One of the physicians referred to was a brother of the patient and the other was a father of the husband. If I am not correct in this somewhat immaterial part of the history, Dr. B. V. Sweringen will correct me.

My proposal to proceed at once to the delivery of the child, notwithstanding the patient's apparent recovery from her convulsion, and the medical treatment instituted for the prevention of a recurrence thereof, was promptly and most emphatically rejected as being an interference with Nature, but it was decided to telegraph for the distant physicians. Their reply was that they would reach here on the noon train and commanded that nothing should be done until they arrived. I still insisted on immediate delivery in their absence, and that we did not have a minute of time to lose. I even went home and returned with Lusk's Obstetric Practice and read to the old gentleman the paragraph treating of the importance of immediate delivery.

By way of parenthesis, I would here remark that in a similar case I read the same paragraph from Lusk to the late Mr. Enoch Cox, who was then acting in an advisory capacity for his absent brother whose wife was the patient. Mr. Cox at once saw the force of the paragraph and told me to proceed at once with the delivery. I delivered the child at nearly the eighth month of utero-gestation and the child is now a young lady of about 21 or 22 years of age. The mother made a speedy recovery. Dr. J. W. McCausland assisted me in the case.

In the case I am now relating, however, I could get no consent to interfere, and I must confess that after the patient's recovery from her convulsion there was no apparent urgent need of interference. But I informed the friends present that she was liable at any time to another seizure as sudden as the first. But as she was not in labor, having no pains at all, and was now conscious and cheerful, I could not prevail on them to allow me to proceed with the delivery, or to impress them with the fact of her great danger. Time went on and the noon hour arrived, but no doctors, they having wired that they would be on the 7 p. m. train.

Somewhere between five and six o'clock p. m., however, the patient went into another terrible convulsion, and *then* the friends were decidedly in favor of very prompt interference. Dr. B. Van Sweringen and myself alternately manipulated the os with the view of its dilation, a breech presentation having been detected early in



the case. I had the child, with the exception of the head, delivered when the doctors stepped into the room. I courteously asked them to complete the delivery. Each one made an effort without success, when, with no little difficulty, I finally succeeded in completing the delivery of a dead babe. But the convulsions continued in spite of the delivery, and the patient died, if I remember correctly, on Tuesday morning, and thus a most lovely and charming woman and mother, and her babe, were buried in one casket.

I am well aware that there is a religious objection to the premature delivery of these cases at the risk of the life of the child. In conversation with a Catholic and brother physician who had lost a sister in Chicago by the malady we are considering, I remarked that I would not hesitate to, nor would I have any compunction of conscience in sacrificing the life of the foetus, if by so doing I could save the life of the mother. He could not quite regard it in this light, and so the religious education of the attending physician will necessarily have its bearing in the treatment of these cases. So solicitous are Catholics for the spiritual welfare of the child that on several occasions, when about to deliver with forceps, fearing the death of the child by their use, one of the ladies present administered the rite of baptism before the application, when the head of the child was nearly resting upon the perineum.

While I have always held sacred the religious conscience of my patients and their friends, and governed myself agreeably to the dictation thereof, I cannot help questioning its soundness in the cases under consideration, but cheerfully admit that my own judgment may be wrong in the premises.

I now recall a case which presented all the indications of approaching danger as she advanced in her pregnancy and which gave me much anxiety and solicitude, but which fortunately, I think, aborted at the sixth month of gestation, the child living for a period of 36 hours. She soon again became pregnant, and by constitutional treatment continued throughout her entire period of pregnancy she was enabled to give birth at full term to a well-developed child without any untoward symptoms.

Let me here interject an observation that is, I think, peculiarly my own because it probably "has nothing to do with the case," or any significance whatever; which is, as near as I can recall, that every woman thus afflicted or threatened, that I have attended, had eyes that were light gray or blue in color. The very same observation I have made in cases of exophthalmic goitre.



I know not what the specific cause of puerperal eclampsia may be, whether due to the non-elimination of urea, uric acid, the urates, or to pressure of the gravid uterus upon the blood vessels of the pelvis, perhaps anomalously distributed or unnaturally exposed to such pressure, and producing in those vessels a blood stasis and a consequent accumulation of carbon dioxide which when increased to a certain degree results in these sudden explosions or convulsions. The most specific, and important measure in the treatment of these cases, in my opinion, is the speedy evacuation of the uterus.

The various remedies recommended in these cases, such as veratrum viride, chloral hydrate, chloroform, &c., are useful in allaying the convulsions but have no effect in removing their cause. For this purpose the diaphoretics and saline or hydragogue cathartics are extremely important, but avail little until after the delivery of the child.

I am aware that not all writers upon this subject are in accord with me upon the treatment of these cases. I quote from Gould's work as follows: (*Encyclop. of Medicine.*)

"The obstetric treatment of puerperal convulsions should usually be non-interference. Any attempt forcibly to deliver the child will only aggravate the patient's condition. If the attack comes on during pregnancy, abortion or premature labor will speedily follow. Mechanic interference is not justifiable unless the patient's condition is such that spontaneous delivery should be extremely difficult or impossible."

Now, I am not usually disposed to manifest sufficient impudence to contradict standard authorities or to set myself up as an authority. I hope I have too much innate modesty for that; but if I were teaching obstetrics I would inform my class that such instruction is wrong and dangerous. I would tell my class that mechanic interference is justifiable in *every case* of puerperal eclampsia, no matter what its immediate effect may be in the way of aggravating the condition of the patient. I remember one case in which, after the cessation of a convulsion, I proceeded to dilate the os with my fingers, and the very instant I touched it the patient went into a most frightful spasm. This, however, did not deter me. I kept right on dilating while the assistant gave chloroform sufficient to control the spasm until I could apply the forceps. Both mother and child are living today.

Contrary to this author I have quoted from Gould's work, I affirm that the obstetric treatment of puerperal eclampsia *should usually be interference instead of non-interference*. "Waiting for Nature" in these cases is hazardous because Nature has lost control



of them and needs assistance or so-called "interference." These cases are not "natural" but unnatural, and so it would not be "waiting for Nature" to stand by and do nothing heroic. Nature not infrequently succeeds in "interfering" herself, as in the case mentioned that was threatened with eclampsia, she effected an abortion at the sixth month as a prophylactic measure.

I am now reminded of the case of a young lady of this city who moved to Cleveland soon after her marriage—and, by the way, she also had light-blue eyes—and who was suddenly seized by convulsions about six weeks prior to her expected labor.

The doctors "waited for Nature" in her case. They treated her on the conservative plan. They gave her the bromides, chloral, etc., combating more or less successfully the convulsions as a symptom, but making no impression on their cause, until her labor finally set in when she went into a convulsion in which she died. Had she been my patient I would have delivered her during or immediately after her first convulsion, and I have every reason to believe, from my experience, I would have saved both herself and baby.

It will now probably be interesting to the society to know what Lusk says in the paragraph from his work which I read to the parties I have referred to, in the cases related. In turning to it I find it well marked with pencil, but in quoting it for your consideration I will begin a little in advance of the part which is not quite so favorable to the views I am here expressing, showing that Lusk in a measure shared the opinion of the authority I have just quoted.

Lusk says: "The weight of authority, it seems to me, is favorable to procrastination, the interruption of pregnancy being regarded as an extreme measure, justifiable only in cases of utmost peril." This I did not read to the gentlemen referred to, fearing that it might shake their confidence in my judgment of what should be done, which I felt so certain was correct. But Lusk continues and remarks: "But premature labor, with the indications thus limited, is not likely to save many lives. My own convictions are clear that, so soon as grave cerebral symptoms develop, the period of folded hands has passed. The relief to be obtained from chloral and catharsis is, as a rule, of short duration, and we can not go on giving chloral and catharsis to the end of gestation, nor are we sure that the first fortunate results can be reduplicated. Moreover, it is necessary to take cognizance of the well-being of the foetus, which



is threatened by the continued circulation of urea in the maternal blood."

But this paper already transcends the Society's time limit of papers and I will inflict it no longer. In conclusion, I remark that its gist must be evident to you. The point I desire to make is that prompt interference by emptying the womb is the only safe procedure in the treatment of these cases. It is just as important, if indeed it is not far more important, for the obstetrician to remove the foetus during or immediately after the very first convulsion as it is for the surgeon to remove an appendix vermiformis during or immediately after an acute attack of appendicitis. My record of twelve cases of puerperal eclampsia with the death of but one woman and two babies fully justifies me, I think, in emphasizing this treatment. If as Prof. Lusk writes: "The weight of authority is favorable to procrastination," then am I most decidedly opposed to "the weight of authority," for in my judgment 'procrastination' is almost certain to be the thief of the time of the patient in the body mortal.

NOTE.—Since this paper was written and read before the Allen County Medical Society, I notice in the *New York Medical Journal* of December 6th, 1902, the following:

FŒTAL THEORY OF THE CAUSATION OF ECLAMPSIA.—Dr. J. M. Mouton (*Centralblatt für Gynakologie*, October 18th) recalls the fact that Fehling, in 1899, first promulgated the theory that foetal toxines entering the maternal circulation could, under certain conditions, evoke eclamptic seizures. Van der Hoeven enunciated the same notion as early as 1896, contending that the toxæmia arose through overwork on the part of the kidneys which were, after a certain time, unable to cast off the catabolic products of mother and child. An accumulation of toxic products thus arose with the well-known consequences. Van der Hoven supports his contention by citing the frequency of eclampsia in cases of twins, and the cessation of the seizures with the emptying of the uterus.

## SOCIETY PROCEEDINGS

### *The American Medical Association.*

The 1903 meeting of the American Medical Association is to be held in New Orleans, May 5, 6, 7 and 8. The transportation committee announces that the Southern Traffic Association has



granted a one-fare rate for the round trip and that it is quite likely that the Central and Eastern Passenger Associations will fall in line with a similar rate. Ample accommodations will be provided for all guests and the local medical profession is arranging for a social program that bids fair to equal or eclipse that of any previous meeting. Many medical men in the North living close to the Mississippi river are contemplating a river trip to the southern metropolis, and to that end negotiations are now under way for the chartering of one or more river steamers which will be placed at the disposal of the medical fraternity, the trip to New Orleans being made wholly in their interest, stops being made at interesting points if so desired. It is also unauthoritatively announced that the Association train will be run through from Chicago to New Orleans over the Illinois Central, sleeping cars from various side points being attached at St. Louis and convenient junction points. Numerous side trips to interesting points around New Orleans are already under contemplation. Everything being considered, the members of the American Medical Association who attend the New Orleans meeting may expect one of the most interesting and profitable outings that have ever been planned in connection with a medical meeting of such importance as the meetings of the American Medical Association.

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#### *Allen County Medical Society.*

The annual meeting of the above named society was held in the Assembly Room of the Court House, on Tuesday evening, December 23rd, 1902. Dr. George W. McCaskey presented a paper upon "Chemical Pathology the Great Field of the Future." Dr. Miles F. Porter presented the report of a case of resection of the lower jaw. The annual banquet followed at the Aveline Hotel, about seventy members of the society and invited guests being present.

The yearly program of the society for 1903 has been issued and is by far the most artistic program ever presented. Printed in two colors upon the finest of unglazed paper, and with unusual typographical excellence, the program is a credit to the committee having the matter in charge as well as the society it represents. Thirty-eight papers are listed for the year, besides numerous case reports and the four "open" evenings when physicians of prominence from outside the city are invited to address the society. During July and August the society holds no regular meetings. During the rest of the year meetings are regularly held on every other Tuesday evening.

The newly elected officers for 1903 are: President, Dr. C. B. Stemen; Secretary, Dr. E. E. Morgan; Treasurer, Dr. W. P. Whery. Censors: Drs. A. E. Bulson, Jr., C. H. English, A. P. Buchman.



## NEWS NOTES *and* COMMENTS

### *Widow Adopts a Physician.*

Mrs. J. S. Slick, an Indiana woman, and the widow of Judge Slick, who was once on the bench of the forty-first Indiana circuit and later a member of the Wabash circuit bar, has adopted Dr. Woodruff, a practicing osteopathist, who formerly resided at Huntington. Mrs. Slick is fifty years old and Dr. Woodruff is thirty-five. Mrs. Slick went into court and asked authority to adopt him. The two have gone to California. Judge Slick was afflicted with paralysis for ten years. He died at Wabash three years ago. Dr. Woodruff was one of his physicians. The two were very close friends. Mrs. Slick has considerable property.—Daily Press.

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### *Rush College and Chicago University.*

Conditioned upon the raising of \$1,000,000 by the trustees of Rush Medical College not later than July 1, 1903, the trustees of the University of Chicago, it is announced, have agreed to receive the medical school as an organic part of the university.

The trustees of Rush are confident that the required money can be raised within the time specified. The sum will be used for the erection of new buildings, the endowment of chairs of instruction and the purchase of additional equipment. The location of Rush Medical College will continue as at present, advantageously close to the Cook County and Presbyterian hospitals. The college and the University became affiliated four years ago, and since that time medical work has developed at the university to such an extent that practically the first two years of the Rush course is taken on the campus. Rush was founded in 1837, being one of the oldest institutions of learning in the West.—*Med. Review of Reviews.*

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### *State Society Journals.*

There seems to be a movement among State Societies toward the adoption of plans for the publication of the transactions of the society in the form of a journal rather than in a bound book. Pennsylvania and Illinois have for a year or more been publishing



state society journals, and within the last three months Michigan has adopted a similar plan. Still more recently it is announced that the *California State Journal of Medicine* will hereafter take the place of the annual volume of transactions of the Medical Society of the State of California. These state society journals are issued monthly and mailed to every member of the society in good standing. Aside from publishing the papers approved and read before the annual meetings, a limited number of original contributions are accepted for publication, and editorials and items of interest pertaining to the medical profession in general and the members of the State Society in particular are given space. Those states that have adopted the new plan of publishing the transactions report that it has proven entirely satisfactory.

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#### ***Invalids to Be Barred from Railroad Trains.***

We are informed that the Western Passenger Association is contemplating the adoption of a rule requiring invalid passengers to have certificates from their physicians stating what diseases they have before boarding trains, and that an effort will be made to back up this rule with laws making it a penalty for noncompliance. The object is to prevent individuals suffering from contagious or infectious diseases from traveling on railroad trains except under certain limitations and precautions prescribed by health authorities. Essentially the rule has been directed toward consumptives, though it will apply to many other contagious and infectious diseases.

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#### ***Will Protect Its Members.***

The Chicago Medical Society, acting on the recommendation of a committee, has decided that hereafter all suits for malpractice brought against its members will be contested by a council approved by the society. Under the proposed plan a medico-legal committee and a medico-legal fund will be established.—*Jour. A. M. A.*

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#### ***Osteopathy Barred.***

Some of the northern states, Indiana included, with lax provisions for the practice of medicine or inadequate enforcement of existing laws, might take a lesson from several southern states that have set the seal of disapproval upon osteopathy and other similar forms of quackery masking under the guise of the healing



art. The supreme courts of the South are evidently impressed with the importance of a thorough knowledge of medicine and surgery as taught in recognized medical schools before granting a license to practice medicine, and punishing all those who make a practice of prescribing for the injured, sick or afflicted without being duly licensed to do such work. According to this rule the osteopath, the Christian scientist and numerous other fakirs and incompetents who prey upon the ills of the community will be barred.

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### ***Bronchitis.***

Yeo recommends the balsam of Peru, tolu, benzoin and storax in the treatment of chronic bronchial catarrh in order to modify the morbid secreting action of the respiratory mucous membrane. He has found the preparation containing three of the foregoing balsams to be of great service in lessening the secretion and quieting the cough, which can be made up as follows:

Tinct. benzoini co.....	3ii	8
Tinct. tolutani.....	3ss	8
Oxymellis scillae.....	3iii	12
Mucil, acaciae.....	3iv	16
Vini ipecacuanhae.....	3ss	2
Aquae q. s. ad.....	3vi	180

M. Fiat mistura. Sig.: Two tablespoonfuls three times a day.

—*Jour. A. M. A.*

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### ***Prohibits Expectoration in Public Places.***

The Springfield (Ill.) Board of Health has passed a resolution prohibiting expectoration on the side walks and in public places.

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### ***A Case of Brain Tumor Recognized Clinically and Located by the Roentgen Rays.***

This is the second tumor located during the life of the patient by investigation with the X-rays. The shadow of the tumor coincided with its position as determined by a study of the clinical symptoms. The operation was performed in two stages, as at the first operation there was profuse hemorrhage. In the second operation the hemorrhage was controlled by compression of both carotids. The patient died a few hours after the operation. This experience confirms the view that operation should be recommended in most cases of brain tumor where the neoplasm can be located in a region accessible to the surgeon's knife. The tumor in this



case was of large size, and if it had been operated earlier the result would probably have been different. There was erosion of the skull, which was accompanied by increased vascularity, the dangerous hemorrhage seeming to come chiefly from the diseased bone.—*Philadelphia Medical Journal*, Sept. 27, 1902.

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### ***Nutritive Value of Oysters.***

The popular belief that the oyster is a most nutritious article of diet does not rest upon any scientific basis. The oyster as a food could not satisfy the demands of the human body. While the oyster (when not stewed) is very palatable, wholesome and easily assimilated by weak, impaired stomachs, it cannot be contended for a moment that it contains such elements and nutrition as may be found in beans, rice, or potatoes. There is very little, if any, fat-making or muscle-building material in the oyster. Its composition is largely nitrogenous, and, being rich in phosphates, it is generally regarded as an excellent food for the brain; but a man reduced to an exclusive diet of oysters would soon find himself deficient in adipose tissue and in those elements that go to make up physical force and vitality in the human body.—*Ex.*

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### ***Personals.***

The engagement of Dr. E. A. Crull, Fort Wayne, to a young lady in Indianapolis, is announced. The wedding is to occur early in February.

The nurses of Hope Hospital, who are generally forgotten during the holiday festivities, are rejoicing over the fact that Christmas, 1902, brought them quite a large number of remembrances from physicians and interested friends. Dr. N. L. Deming was particularly generous with a gift of \$25 to assist in giving the nurses a merry Christmas.

Dr. J. M. Dinnen, Fort Wayne, a member of the Indiana Board of Medical Registration and Examination, is distributing bound copies of the transactions of the Board to interested persons. The book shows that the Board has done an immense amount of work in connection with the enforcement of the medical law now in operation in Indiana. Through the action of the Board legal



decisions have been secured making it possible to severely punish all persons practicing medicine without a license, and this has been construed by the courts to include magnetic healers, and it is thought likely will soon be made to include Christian Scientists.

Dr. A. W. Brayton, of Indianapolis, editor of the *Indiana Medical Journal*, and wife visited Fort Wayne the first week of January and were the guests of the editor of the JOURNAL-MAGAZINE for several days. While in Fort Wayne Dr. Brayton presented a paper, by special invitation, before the Fortnightly Literary Club.

Dr. C. S. Smith, an old and respected physician of Fort Wayne, died at the home of his son in Chicago, on January 5th from apoplexy. Although over 80 years of age at the time of his death, Dr. Smith was still in active practice, having an office in the Pixley-Long building, where for a great many years he had practiced a specialty, devoting his entire attention to the treatment of rectal diseases. While Dr. Smith was not affiliated with any medical organization yet he retained the confidence and respect of the medical profession and enjoyed a comfortable practice among all classes of people. He was a genial, conscientious and intelligent practitioner, his success in life being chiefly due to these attributes.

Dr. Albert E. Sterne, Indianapolis, announces that on and after January 1st he will devote all of his time, except for outside consultation work, to his sanatorium ("The Norways") and will hold both morning and afternoon hours at the sanatorium where all patients and communications are to be directed. Dr. Sterne finds that the accumulation of the work at the sanatorium makes it no longer possible for him to devote any time to the city office which he has until recently maintained in the Newton-Claypool building.

Mr. T. H. Will, 305 East Washington street, Fort Wayne, desires to announce to the medical profession that he is prepared to manufacture to order and in the most skilled manner appliances for the treatment of curvature of the spine, club foot, bow-legs, drooping or round shoulders, or deformities of any description. All work is subject to the physician's approval, and correspondence is invited.



# **MEDICAL REVIEWS**

## **Department of Medicine and Therapeutics**

**In Charge of George W. McCaskey, A. M., M. D.**  
Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

### ***Reflex Spasm by Ascaris.***

J. P. NAAB (*Munch. Med. Woch.*, May 13, 1902.)

This author notes that cases of ascaris are often taken for disorders much more serious, as when a child is seized with convulsions, followed by leg coma, and a provisional diagnosis of meningitis is often made, until the stools reveal the real cause of the trouble and the administration of santonin and calomel quickly rights it. As in some severe cases only a few worms have been discovered, it would seem to indicate that the number does not govern the severity of the symptom. An aid to diagnosis may be noted in the excessive secretion of saliva.

JELLIFFE. *Jour. Nev. & Men. Dis.*

### ***The Pineapple as a Digestive Aid.***

The Lancet, (June 7, 1902,) states that the partaking of a slice of pineapple after a meal is quite in accordance with physiological indications, since, though it may not be generally known, fresh pineapple juice contains a remarkably active digestive principle similar to pepsin. This principle has been termed "bromelin" and so powerful is its action upon proteids that it will digest as much as 1,000 times its weight within a few hours. Its digestive activity varies in accordance to the kind of proteid to which it is subjected. Fibrin disappears entirely after a time. With the coagulated albumin of eggs the digestive process is slow, while with the albumin of meat its action seems first to produce a pulpy gelatinous mass, which, completely dissolves after a short time. When a slice of fresh pineapple is placed upon a raw beefsteak, the surface of the steak becomes gradually gelatinous, owing to the digestive action of the enzyme of the juice. Of course, it is well known that digestive agents exist also in other fruits, but when it is considered that an averaged sized pineapple will yield nearly two pints of juice, it will be seen that the digestive action of the whole fruit must be enormous. The activity of this peculiar



iar digestive agent is destroyed in the cocked pineapple, but unless the pineapple is preserved by heat, there is no reason why the tinned fruit should not contain the digestive power. The active digestive principle may be obtained from the juice by dissolving a large quantity of common salt in it when a precipitate is obtained possessing the remarkable digestive powers just described. Unlike pepsin, the digestive principle of the pineapple will operate in an acid, neutral or even alkaline medium, according to the kind of proteid to which it is presented. It may, therefore, be assumed that the pineapple enzyme would not only aid the work of digestion in the stomach, but would continue that action in the intestinal tract. Pineapple, it may be added, contains much indigestible matter of the nature of woody fiber, but it is quite possible that the decidedly digestive properties of the juice compensate for this fact.—*Philadelpia Medical Journal*.

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### ***The Treatment of Pneumonia.***

BY SIR D. DUCKWORTH (British Medical Journal.)

The treatment of pneumonia is strictly the treatment of the patient suffering from it. It is a simple disease in children; it is not a dangerous disease in the young or in those who have been previously healthy; it is more dangerous to those who have reached forty years of age; it is extremely dangerous in the old, and absolutely fatal in the drunkard. A warm bed and careful nursing are essential parts of the treatment. The appetite is lost, and there is no object in forcing food; the patients usually do well on a fever diet, milk and beef tea. A temperature of 102° or 103° F. appears to be a necessary part of the disease, and no steps should be taken to check it so long as it keeps within limits. But anything over 150° F. may be called hyperpyrexia and demands attention. Sponging with ice water, the use of a cradle under the bed clothes to which buckets of ice are suspended, or ice-bags are usually effectual. The best drug to use is quinine in five grain doses every two or three hours. A simple fever mixture of potassium citrate and ammonium acetate is often of service. Delirium is usually seen in elderly alcoholic patients, whose cases often prove fatal. Insomnia, especially if it occurs towards the crisis, is a very grave matter. The author advises the use of morphine in small doses in those cases in which there is no involvement of the kidneys. Failure of heart power is a serious



thing, and manifests itself either by cyanosis or by irregularity or weakness of the pulse. For the former nothing is better than blood letting; for the latter strychnine given hypodermically, or musk, which is of the greater value in pneumonia. As regards alcohol, some patients do not require it. In the majority of cases from two to four ounces of brandy are sufficient in the course of each day. In winter time hot poultices may be applied to the affected side; in summer, cotton wool sprinkled with spirits of camphor. Dry pleurisy is a constant accompaniment or part of pneumonia, and the pain of it may be relieved by the application of two or three leeches.—*New York Medical Journal*.

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#### ***Treatment of Cerebrospinal Meningitis.***

Blauat points out that hot baths are very efficacious in the treatment of acute nontuberculous meningitis, and especially in cerebrospinal meningitis. The baths are given at a temperature varying from 100.4° F. to 104° F., and are continued, on an average, 25 minutes. They are repeated every three or four hours, day and night, throughout the disease. Woroschilsky and Wolisch noticed that after the first bath insomnia disappeared. Wolisch obtained five cures out of seven cases treated. Lumbar puncture may also be practiced. This method is ordinarily harmless, provided the cerebrospinal fluid is not aspirated. It may be repeated until the cerebrospinal fluid becomes normal, which is determined by microscopic examination and by cultures. This method should be used only when hot baths fail. (L. F. A.) (I can commend hot baths in meningitis, especially of children. S. C. S.) *Amer. Med.*

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#### ***Treatment of Pruritus Vulvae.***

Siebourg (quoted in American Journal of Obstetrics, Oct. 1901) has had good results in the treatment of some cases of pruritus vulvae by subcutaneous local injections of weak solutions of cocaine and carbolic acid. He then attempted to accomplish the same purpose by simple injections of salt solution. He believes that local anesthesia is caused by the pressure of the injected fluid.—*The Therapeutic Gazette*.



# DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.  
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

## ***Killing People by Telling Brutal Truths.***

Many people are killed by brutal truths. Some physicians are so conscientious—and so tactless—that they think they must tell patients the whole truth when they believe they cannot recover, instead of giving them the benefit of the doubt, for every physician knows that nearly always there is a doubt which way the case will turn. Cheerful encouragement has saved many a life by helping it to pass a crisis favorably when the actual truth might have killed the patient or reduced his rallying powers to the danger point. In all the affairs of life, cruel bluntness in stating cruel facts has caused untold misery and broken many friendships. Truth itself changes from a jewel to a dangerous weapon in the hands of a tactless person. Because a thing is true is no reason it should be told, or told in any way to offend. He who would have many and strong friends must exercise tact in order not to offend even by the truth, because it is very difficult for many people to forget even a fancied injury entirely. This is especially true of offences against taste, or speeches which reflect on one's pride, ability, or capacity.—*Success.*

## ***Resuscitation of Human Heart.***

Twenty-four hours after death from pneumonia the heart was removed from a three-months-old boy by A. Kuhabko (*Med. News*, C. blatt, Phys.) and its cavities filled by an oxygen—saturated Locke's solution. After twenty minutes slow rhythmical contractions of both auricles and ventricles was established and continued for an hour. Similar results were obtained with other hearts. In spite of numerous coagula he was able to establish pulsations in hearts thirty hours after death.

## ***Treatment of Epistaxis.***

The older methods of treatment for epistaxis (*Clinical Review*) while ordinarily reasonably positive and satisfactory, must give



way to the newer method of the employment of the extract of the suprarenal gland. Not only is the application of this solution followed by almost instantaneous blanching of the mucous membrane and stoppage of the hemorrhage, but it has a very wide range of effect. Except in aged persons with a cardiopathic condition causing the epistaxis the method is universally applicable and valuable.—*Buffalo Medical Journal*.

### ***Talma's Operation.***

This operation aims to provide collateral circulation in portal obstructions by fixing the omentum to the abdominal wall. Bunge (Konigsberg) discusses the subject (*Annals of Surgery, Verhandlungen der deutschen Gesell, fur chir., Cent. fur chir.*) on an experience of eight cases and a review of those published.

The fixation may be either intra- or extra-peritoneal. Sometimes the spleen, liver or gall-bladder is also fixed to the abdominal wall. Ito and Ami consider it best to produce extensive adhesions of the intestines to each other and to the belly wall.

His conclusions are as follows:

(1) In cases of portal obstruction Talma's operation has given about 40 per cent. of symptomatic cures.

(2) The chief benefit to be derived from the operation is the removal of the ascites, but gastro-intestinal hemorrhage of portal origin constitutes an indication for the operation.

(3) The operation of choice is omental fixation but splenofixation has its place.

(4) Grave liver disturbance is a contra-indication. Diminution of the excretion of urea, and alimentary glycosuria, or Lavulosuria can not be considered contra-indications.

(5) When delirium develops or other symptoms of the liver being markedly shut out from the circulation, the diet must be regulated.

### ***Permanent Catheterization.***

J. Rilus Eastman, M. D., (*Jour. A. M. A.* Nov. 1901), concludes a paper upon the above subject as follows:

Among many good reasons why permanent catheterization should be selected as the method of choice in draining the urinary bladder may be enumerated:

1. By its use the urine is removed by the natural exit.
2. If used after operations involving opening of the posterior



urethra until the perineal defect is closed, the period of convalescence is shortened as the latter heals more promptly if the urine is drained through the urethra.

3. The caliber of the urethra is maintained or even increased and the subsequent passage of instruments is rendered easy.

4. Most of the tedious work of after-treatment, as sounding, becomes unnecessary or is decidedly lessened.

5. After perineal section involving removal of a portion of the posterior urethra, intermittent catheterization or sounding is exceedingly harmful and difficult of execution; hence maintenance of the urethral lumen becomes a serious task. If, however, the retained catheter is used, sounding becomes unnecessary and the new segment of urethra has a guide over which to form itself.

6. The urine may be thus accurately drained into a receptacle and bedsores, dermatitis, and much discomfort are avoided.

7. The danger of uremic poisoning is reduced, since the area of the unprotected tissue with which the urine must come in contact is diminished.

8. Pain and fever are notably slight during permanent catheterization, if care be exercised that the instrument does not project too far into the bladder.

9. Soft and hard infiltration, which narrow the urethral caliber, are removed by pressure absorption.

10. Drainage of the bladder in cystitis may be accomplished without subjecting the patient to more or less dangerous surgical operation. The catheter can be used with as little inconvenience as accompanies the use of the Skene's catheter for permanent catheterization in the female.

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### ***Cryoscopy.***

By this term is meant an examination of urine by which its freezing point is determined. The freezing point of urine becomes lower as its concentration increases. Hence in this way the degree of activity of the kidneys, i. e. their efficiency may be shown.



# DEPARTMENT OF OPHTHALMOLOGY OTOLOGY, LARYNGOLOGY & RHINOLOGY

In Charge of Albert E. Bulson, Jr., B. S., M. D.

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

## *Traumatism During Adenoid Operations.*

Dr. W. F. Chappel, in the *Medical Review of Reviews*, in illustrating the possibilities of a serious traumatism during an operation for adenoids, reports a case of complete rupture of the palate occurring as a result of unskilled surgical procedures. When coming under Dr. Chappel's care the patient presented an irregular tear in the soft palate extending from the free margins upward to the hard palate, and but little to the left of the medium line. Even under careful attention the wound did not heal, and at the time the report was made the patient still presented an opening in the soft palate, which, owing to the general condition of the patient, it was not thought advisable to attempt closing by operative procedures.

## *The Uses of Mydriatics.*

In a paper upon this subject by Dr. Eugene Davis, (*Ind. Med. Jour.*) attention is directed to the importance of using drugs to paralyze the accommodation before attempting to correct errors of refraction in the young and in a great many of the middle aged. Accurate refraction can only be done with the aid of a mydriatic which completely suspends the accommodation and one should be used in almost every case where there is no direct contraindication. No oculist is sufficiently expert as a diagnostician with the ophthalmoscope without a dilated pupil to eliminate all conditions of the lens, vitreous or fundus that might cause irritation of the eyes and be mistaken for refractive errors. Even the successful practice of skioscopy is dependent entirely for the most satisfactory results upon suspension of accommodation. Aside from bringing about a greater degree of accuracy in the correction of errors of refraction, the rest of several days secured by the effect of the cycloplegic is often a great gain. Very frequently ciliary congestion, hyperaemia of the optic discs, fluffy eyeground, full lymph channels along the vessel walls, and congested and tortu-



ous retinal vessels are due to eye strain and requires the rest of the eyes that only a cycloplegic can give. To attempt to refract a young patient—and many times a middle aged patient—without the use of a cycloplegic is to subject them to the possibility of inaccurate results. The choice of a mydriatic is largely one of individual preference on the part of the ophthalmologist; due consideration be given to the selection of one that is reliable in producing complete suspension of accommodation. On the whole, atropine is perhaps the best, though scopolamin seems to be equally efficient while not inconveniencing the patient for so long a period by suspension of accommodation.

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### *Intubation of the Larynx.*

In an article upon this subject, with personal reminiscences, by Dr. F. E. Waxham, "the father of intubation in the West," many interesting experiences are related in giving a history of the introduction of intubation as a life saving operation in diphtheritic croup in the city of Chicago during the winter of 1885-6. Of particular interest are the mortality statistics mentioned. Dr. Waxham says that in his experience he has seen the mortality of diphtheritic croup almost 100 per cent. without surgical interference. With tracheotomy he has seen this mortality reduced to 75 or 80 per cent., and with the introduction of intubation supplemented by antitoxin he has seen this great mortality reduced to almost nothing. While it is true that a great many operations are unnecessary when antitoxin is given early and repeatedly in large doses, yet there are cases which have been neglected and are not seen by the physician until the larynx has been invaded and the only possible hope is in an immediate operation. Again, many commence as a laryngeal diphtheria and death may occur by suffocation before we can get the specific effect of antitoxin. While antitoxin prevents further extension of the disease it does not immediately cause the destruction or disappearance of the destructive membrane already present. Dr. Waxham says that in his first 100 cases there were but 27 recoveries; in the second hundred 34; in the third hundred 40; in the fourth hundred 38; and in the fifth hundred 39, while in the last 70 operations in connection with antitoxin there have been but four deaths, or a mortality of less than six per cent. in a disease that was formerly dreaded above all others. Concluding Dr. Waxham says: "With this experience I feel justified in saying most emphatically that any medical man



who does not use antitoxin in the treatment of diphtheritic croup is guilty of malpractice, and he who openly opposes its use should be considered a menace to society, for there are none so blind as those who will not see, and none so deaf as those who will not hear."—*Ind. Med. Journ.*

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### ***Nasal Obstruction; An Unusual Case.***

In a paper presented before the Kentucky State Medical Society, Dr. Dudley S. Reynolds, in discussing the treatment of several unusual forms of nasal obstruction, reports the following case: A young man, 24 years of age, had an offensive discharge from the nose from boyhood. He had been the rounds of the profession, and an eminent specialist had removed the inferior and a portion of the middle turbinate from the left side, apparently as a last resort. The discharge still continued, and was very offensive when he consulted Dr. Reynolds. After cleansing the nasal passage and applying adrenalin to contract the turgescent tissues, a black looking streak was found between the superior turbinate and the septum on that side. A blunt hook dislodged with some difficulty a hard body which later proved to be cotton wool imbedded in a very hard black mass. Questioning brought out the fact that when a child the patient had suffered from an alarming hemorrhage of the nose during an attack of typhoid fever, and the attending physician had packed the nose thoroughly with cotton wool saturated in persulphate of iron, a large piece of the wool being unintentionally left when the packing was removed.

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### ***Paraffin in Surgery.***

Dr. A. E. Cumstock, (*Medical Record*, Nov. 1, 1902), describes some experiments upon rabbits with a view to ascertaining the easiest way of using paraffin, and above all the proper melting point. He used mixtures of soft commercial paraffin having a melting degree of 120 F, and white cosmolin melting at 100 degrees F. Mixtures of these two were prepared, melting at 102, 104 and 110 degrees F. respectively. The paraffin was sterilized by boiling for thirty minutes in a beaker over a flame, being protected by an asbestos screen. The upper portion of the liquid was then decanted, leaving all sediment behind. The syringe which is best adapted for the injection is an all metal aspirator which is large enough to hold the heat. The instrument must work perfectly and have tight joints. After the instrument



has been filled with the liquid it is left in hot sterile water until ready for use. After the parts have been thoroughly sterilized the instrument is taken from the water, the air is forced out, and after waiting a second until the paraffin becomes a thready mass, the needle is inserted into the cellular tissue and the paraffin gradually injected, withdrawing the needle at the same time. Care should be taken to have the pressure upon the piston regular, otherwise the paraffin will penetrate the tissues unevenly, and in localities where it is not needed. Allowance being made for the difference of temperature between man and rabbit, the experiments seem to indicate that in a human the paraffin for surgical work should have a melting point of 106 and 107 degrees, and it is quite probable that a better result will be obtained if it has a melting point of 110 degrees F. This retains its form, and its melting point is beyond that of any rise of temperature that may take place in the body. There is a natural shrinkage after the injection, hence it is best to use a larger quantity than is ultimately desired. The paraffin becomes organized in from four months to one year, depending upon the size of the mass.

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## BOOK REVIEWS

**International Clinics.**—A Quarterly of Illustrated Clinical Lectures and especially prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pædiatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other Topics of Interest to Students and Practitioners by leading Members of the Medical Profession throughout the World. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A., with the Collaboration of John B. Murphy M. D., Chicago; Alexander D. Blackader. M. D., Montreal; H. C. Wood, M. D., Philadelphia; T. M. Rotch, M. D. Boston; E. Landolt, M. D. Paris; Thomas G. Morton, M. D. Philadelphia; James W. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh, and John Harold. M. D. London, with Regular Correspondents in Montreal, London, Paris, Leipsic and Vienna. J. B. Lippincott Company, Philadelphia and London. Cloth, \$2. Volume 3. Series 12th.

For one who wishes occasionally to hear a good clinical lecture but finds it impossible to leave home I know of nothing better to recommend than that he subscribe for and read the "International Clinics." In them will be found specially prepared lectures by able men on live medical and surgical topics, clearly printed on good paper, well bound and adequately illustrated.

M. F. P.



**Schmidt on Venereal Diseases. Lea's Series of Medical Epitomes.**—A Manual of Genito-Urinary and Venereal Diseases for the Use of Students and Practitioners. By LOUIS E. SCHMIDT, M. D., of the Chicago Polyclinic. In one handy 12 mo volume of 250 pages, with 21 illustrations. Cloth \$1.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1902.

This little book presents the subject in a concise and readable way and with a degree of fullness which it would be well nigh impossible to exceed within the same limits. It is especially designed for students and there is appended to each chapter a number of questions for the benefit of those wishing to form quiz classes. The busy general practitioner will find it especially well adapted to his needs. It is thoroughly up-to-date. M. F. P.

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**The Development of the Human Body.**—A Manual of Human Embryology. By J. Playfair McMurrich, A. M., Ph. D., Professor of Anatomy in the University of Michigan. With Two Hundred and Seventy Illustrations. Philadelphia, P. Blakiston's Sons & Co., 1012 Walnut Street. 1902.

This is a new book upon human embryology from the pen of a well known teacher, and aims to present "a concise statement of the development of the human body and a foundation for the proper understanding of the facts of anatomy." The author appears to have succeeded well in presenting in a small compass salient facts of this somewhat difficult but very important study. The importance of embryology in relation to physiology and pathology can scarcely be overestimated, and the physician who turns to his work to supply what is in most cases defective in his early training, will not be disappointed unless perhaps in the simplicity with which it is presented. The illustrations are excellent and the mechanical execution of the book is all that could be desired. It is cordially recommended to students and practitioners.

G. W. M.

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**Text Book of Medical Jurisprudence and Toxicology.**—By John F. Reese, M. D., late Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania; late President of the Medical Jurisprudence Society of Philadelphia. Sixth Edition. Revised by Henry Leffman, A. M., M. D. Professor of Chemistry and Toxicology in the Woman's Medical College of Pennsylvania; Pathological Chemist to the Jefferson Medical College Hospital; Vice-President (British) Society of Public Analysis, Philadelphia. P. Blakiston's Sons & Co., 1012 Walnut Street. 1902. \$3.00.

This excellent work has reached the sixth edition and is highly commended to the medical profession as a concise and clear presentation of the subject. It covers a field of medical science which has been decidedly neglected in college curricula, and which the average physician has been slow to fill up in after life. Some of the more voluminous works are certainly too large for systematic study by the busy practitioner, but such a book as this can be systematically studied, and certainly every physician ought to be familiar with the facts which it presents. G. W. M.



# Fort Wayne Medical Journal-Magazine

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## EDITORIALS

### *Milk in Relation to Public Health.*

A paper upon this subject, prepared by Dr. Geo. H. Kober, of Washington, the purpose of which was to furnish information in behalf of a bill pending before the U. S. Senate for the regulation of the milk supply of the District of Columbia, has been of particular interest to sanitarians. The pamphlet contains over 200 pages, including analytical methods, sanitary statistics and information concerning various milk products. The most impressive data are those relating to milk borne diseases. Dr. Kober has collected a large number of cases of this character, details being given of 195 outbreaks of typhoid fever, ninety-nine of diphtheria, and thirty-five of scarletina, ascribable to the use of infected milk.

As stated by the editor of the *Philadelphia Medical Journal*, the facts brought out by Dr. Kober constitute a most positive demonstration of the dangers of unrestricted methods of producing



and perveying milk, and emphasizes the fact that the mere chemical adulteration, such as watering and skimming, even the addition of small amounts of preservatives, have but little significance for the general public as compared with the obtaining of milk clean in the strictest sense.

The best argument for milk control is to be found in the specific diseases that milk may convey. In the face of such dangers the waste of energy shown by many sanitary authorities in discussing whether milk should have 8.5 or 8.75 per cent. of solids, not fat, or whether a minute amount of coloring matter is objectionable in our butter or table sauces seems regrettable.

A. E. B.

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### *Christian Scientists Hedging.*

The White Plains case, in which Christian Scientists at White Plains, N. Y., were indicted by the grand jury on the charge of man-slaughter in the second degree, for causing the death of a seven-year-old child from a contagious and infectious disease by neglecting to provide medical attention, has aroused attention all over the United States to the necessity of suppressing the practices of Christian Scientists which have been proven in the White Plains case, as well as in many others, to be dangerous to the best interests of the public. The grand jury indictment at White Plains, and the spread of public indignation through reports of that case, has led the Christian Scientists to hedge from their first announced policy to treat medical and surgical cases coming under their care as they saw fit and to ignore the rules and regulations of health boards regarding the reporting of contagious and infectious diseases. An edict has just gone forth from "Mother Eddy," the head of the Christian Scientist church, to the effect that until the public has become sufficiently interested in the work of Christian Scientists, and fully understands its value, followers of the faith are advised to comply with the requirements of health boards by not only reporting contagious and infectious diseases but submitting to the necessary quarantine regulations and sufferance of treatment at the hands of legalized practitioners.

This is a great concession for the Christian Scientists but is not so great as they will be compelled to grant if many more incidents like that which occurred at White Plains become known to the general public. The general public will tolerate injustice and imposition uncomplainingly for a time, but there comes a day



when, to use a hackneyed phrase, "patience ceases to be a virtue," and radical measures will be adopted to suppress the evil. Public opinion has been slow in arriving at the conclusion that the practices of Christian Scientists are fraught with the gravest dangers to public health, but we have reason to believe that the time is not far off when this unchristian sect, with their idiotic beliefs and practices, will be suppressed in the interest of humanity.

**537186**

A. E. B.

***Which Side of the East and West Streets Shall We Live On?***

It has been a pretty generally received opinion that the north side of the East and West street was more desirable because, among other reasons, the front of the house received the most sunlight and was therefore placed under the most sanitary conditions. Dr. Thayer of New York has recently made a practical study of that question in that city and presents some facts and conclusions which are at least interesting whether final or not. His paper, published in a recent issue of the *New York Medical Journal*, is largely statistical in character, but goes to show that with reference to many diseases at least the mortality is less on the south side of the street. The principal reason that he gives is that the living rooms of the people in New York are largely in the rear of the house and that they are therefore, on the south side of the street, really getting the benefit of the sunlight. If this is true, the question from a sanitary point of view would largely depend upon the habits of the people. At any rate the facts are of great interest, especially in view of the growing recognition of the immense importance of well lighted rooms. Its importance not only has reference to the physiological conditions of the individual, but it is entirely proven that sunlight has a very germicidal power and pathogenic organisms are effectually destroyed by sufficient exposure to its rays.

It would appear to us that in cities the size of Fort Wayne, where ground is not so valuable and houses can be surrounded by plenty of air space which they usually get in New York only in the front and rear, that the question is not a vitally important one, the greatest thing being an ample supply of light and ventilation to all of the living and sleeping rooms in the house. However, in planning a residence, reference might well be had to this point and the rooms most occupied should have the freest supply of both sunlight and air.

G. W. M.



*A Rejuvenated Medical Society.*

Not many years ago the Northern Tri-State Medical Association was one of the prominent medical organizations in the section of territory included in Northern Ohio, Southern Michigan, and Northern Indiana. Its membership list contained the names of nearly all the progressive physicians in the territory mentioned, and its meetings were largely attended and profitable. Gradually the society began to lose prestige and membership, its "made up" programs failed to bring out attendance, and finally the Society was about to have a requiem sung in its honour by the few faithful ones who remained to give decent burial, when a change came about, and with new officers, new aims, new hopes and new ambitions, the Society began to take on new life and bear some resemblance to the organization it was a few years ago. No one seems to know where the official books and reports of the Society are, how much money has been paid in as membership fees and what has become of it, who the regular members of the Society are, and what their official standing is, but that is a matter of the past. Suffice it to say that the Northern Tri-State Medical Association at its last meeting held in Butler, Jan. 20th, gave evidence of being very much alive, and those who formerly counted themselves regular members, and who by their presence and work have attempted to keep alive a Society which has a good reason for existence, but which has been laboring under disadvantages, can renew their affiliation and give their assistance to the rejuvenated Society which will now, under capable business management, become a medical organization of even greater importance than it ever was before. We therefore especially urge every progressive medical man in the territory covered by the Society to attend the meeting at Montpelier, Ohio, in July, and assist in making it one of the banner medical meetings of the year.

A. E. B.

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*Dr. Lorenz Replies to Criticisms.*

Perhaps no medical man living in America, or a visitor to this country, has ever received so much attention, good, bad and indifferent, from the medical profession and general public as Prof. Adolph Lorenz, who has recently returned to his home in Vienna, after a four months' tour of American cities where he has successfully demonstrated his method of reducing congenital dislocation of the hip in children, for the education of the medical profession and



the great relief to suffering humanity coming under his care. To the lasting credit of a large proportion of the medical profession in the large cities, Prof. Lorenz received the homage and attention from the profession to which he is entitled because of his ability and distinguished position among the scientific men of the world.

It is unfortunate that a few of the medical men in America have seen fit, as a result of their narrow-mindedness and perhaps through a spirit of jealousy, to criticise the actions of Dr. Lorenz in placing himself in a position to become so prominent before all classes of people, as also to criticise the medical profession for doing honour to him. The one bone of contention has been the prominence accorded Prof. Lorenz by the public press, and this more than anything else has brought about the charge that the distinguished Austrian surgeon was here to advertise himself.

No broad-minded medical man who had the pleasure of meeting Prof. Lorenz and seeing his work, and who is acquainted with the high ethical position which Prof. Lorenz occupies in Vienna, would have a thought, much less raise his voice, in criticism of any action in connection with the now famous Lorenz visit to America. It is quite natural for the ambitious, enterprising, and ever active newspaper reporter to grasp the details of every situation which offers a hope of giving an interesting or sensational bit of news to the public. No man with the reputation of Prof. Lorenz, and doing such wonderful work as he did in the American clinics, could hope to escape the inevitable "write-ups" by the public press, no matter how hard he might try to evade it. That these newspaper accounts would in many instances be so highly colored as to become the rankest misrepresentation is to be expected and was actually the case in the history of the Lorenz visit. For medical men to seize upon these unavoidable newspaper reports to obtain material with which to criticise the ethical conduct of Prof. Lorenz is to adopt the most despicable methods in the display of the unwholesome criticism which has been given Prof. Lorenz.

It is unfortunate that Dr. Lorenz yielded to importunities and just before sailing from this country made a statement to the effect that while he had been called to this country to operate on a millionaire's child, just as any other surgeon would be called away from home to operate for a compensation, and while in America had taken advantage of the opportunity to see the country, yet the demonstrations before the medical men in the various cities



had invariably been at the urgent solicitation of the medical profession, and with no thought further than to advance surgical science through the teaching that he might impart to American medical men. That these demonstrations were not made with a view to secure pecuniary gain is evidenced by the fact that the patients operated upon were invariably from the poorer classes and from whom no fee whatsoever could be expected. Prof. Lorenz also admitted, and it is undoubtedly a fact, that he could have reaped a large harvest of American dollars during his four months' visit here had he so desired, for he was repeatedly urged to operate on cases where a very large fee might have been secured for his services, but refused on the ground that he would not take advantage of a reputation brought about by his temporary visit, and perhaps do injustice to the local medical profession through what might by some be called competition. As if to silence unjust criticism among narrow-minded medical men, he stated that he had not permitted newspaper reporters to interview him, nor had he by action or word given them an opportunity to give himself or his work publicity through the press.

It is enough for us to say that the ethical, intelligent and progressive men in the medical profession of America are highly pleased because of the opportunity given to witness the work of this justly famous man. It is enough for us to also say that they have no criticism to offer regarding the conduct of Prof. Lorenz while in this country. Would that there were more men like this Vienna surgeon who with such innate modesty, pronounced professional dignity, and exceptional scientific attainments, could by such a course as that pursued by Prof. Lorenz enrich the knowledge possessed by our American physicians, and work such far reaching good effects to suffering humanity. A. E. B.

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#### ***Incompetency of European Ophthalmologists.***

Readers of the *Journal of the American Medical Association* have been interested in the articles of the distinguished ophthalmologist, Dr. Geo. M. Gould, of Philadelphia, editor of *American Medicine*, in reply to criticisms of his well known opinions regarding the futility of operative interference in lack of balance of the extrinsic muscles of the eye, and the necessity for much more painstaking and accurate correction of errors of refraction than is usually given by the average ophthalmologist and particularly those in Europe.



In a recent comment upon an article criticising him for published objections to the operative treatment of Strabismus, Dr. Gould gives some incidents throwing light upon the subject of the incompetency of European ophthalmologists in certain lines of ophthalmological practice. Among other things Dr. Gould says: "As to European oculists, they are the peers of any as regards pathology, inflammatory and surgical diseases. Of proper refraction European oculists know absolutely nothing. In this their work is the most absurd." A patient of mine consulted the most famous ophthalmic surgeon of Germany last summer, and for enormous astigmatism (of which the surgeon was utterly incurious) he ordered massage of the eyes by the patient. For blepharitis due to refractive error, another famous man told another patient to squeeze out the secretion of the Meibomian glands with her fingers. A great French oculist ordered simple isometropic spherical lenses for astigmatic anisometropia and expressed indignant surprise at the idea that he (the oculist) should have kept any record of the lenses he had ordered. I could enumerate many such laughable incidents. But such things are common enough in America also, and to jibe at the refraction of the *fetus in utero* does not make them less common."

In another article Dr. Gould further emphasizes the fact that European Ophthalmologists are incompetent in the correction of errors of refraction by saying that the Germans, than whom there are none more scientific when it comes to a consideration of surgery and pathology, do not understand skiascopy and certainly do not employ it with any degree of success for the reason that to obtain results from skiascopy requires a dilated pupil and suspension of accommodation, and the Germans do not use cycloplegia when adjusting glasses.

Such unquestioned evidences as these lead us to wonder why our American physicians will continue to visit the European schools and clinics for their education along special lines, and particularly ophthalmology, when, if the truth be told, equally as good training in most subjects, and much better in some, can be obtained in the United States, the most progressive country in the world. The time has passed when the prestige of a course of lectures and a squint at the famous clinics of Europe is necessary in order to stamp the medical man in America with the reputation of being a little better than his confreres. Today the medical man educated and trained in America, providing he has taken ad-



vantage of the opportunities offered, is the equal of the medical man trained and educated in any other country on the face of the earth. In the specialty of ophthalmology the United States certainly takes the lead, and to place the European ophthalmologist above those in the United States, excepting only the subject of pathology (and that with some hesitation) is to fail to give proper credit to our professional men here at home. A. E. B.

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### *The Smallpox Situation.*

It is a little discouraging to note the increased prevalence of smallpox in Indiana as compared to previous years, and yet we were prepared for such a condition in view of the apathy of the people of the State, and perhaps the major portion of the physicians, regarding the necessity for vaccination and repeated vaccination, with quarantine in all suspected cases, in order to suppress the disease.

According to the Marine Hospital report issued early in January, Indiana practically leads all other States in the number of existing cases of smallpox, and deaths resulting from the disease. There is not the slightest question of doubt but that the report is altogether too mild, for instead of a total number of cases of about 500 there is probably at least 1,000 cases in Indiana at the present time if all cases were reported. Indianapolis has been suffering from an epidemic of the disease, and according to a recent official report from those in a position to know the facts, there are in the pest houses of the city of Indianapolis seventy-five cases of smallpox of the virulent type. During the month of December the number of cases was much larger, and the deaths from the disease in that city during that month averaged one a day. A striking feature, and one that should receive wide publicity, is the fact that of the Indianapolis deaths, with one exception, all had never been vaccinated.

In commenting upon the Indianapolis epidemic, Drs. Brayton and Waggoner, who have recently made a thorough inspection of all cases and given an unsolicited and correct report to the public, say that vaccination should be insisted upon by taking advantage of the decision of the Indiana Supreme Court of two years ago, which gives health boards power to order vaccination of school children or remove them from the public schools. Several patients in the pest houses of Indianapolis at the present time are from the unvaccinated children of the schools. The business



sense of our employers of labor should demand general vaccination of all employes and when everybody is vaccinated there will be no need of pest houses for the reason that no smallpox will exist.

Indiana has been especially negligent in the matter of urging or enforcing vaccination and rigidly following quarantine measures. The Muncie epidemic of a few years ago, with over a hundred cases and several deaths, the Knightstown epidemic of last summer with eighteen deaths out of some eighty-seven afflicted, and the present Indianapolis epidemic, with the loss of life, jeopardizing of health, and large money expense, has done much to popularize vaccination, and it ought not require any further experiences of the kind to force upon the public mind the idea that vaccination and revaccination is an absolute necessity, not only when smallpox is in our midst, but when it is not prevalent, in order to effectually stamp out the disease and prevent its return. The value of vaccination as a preventative measure has been conclusively demonstrated times without number. It is one of the great scientific achievements of the age, and today to withhold its beneficent effect is to subject the individual to the possible fatal ravages of one of the most terrible of all the ministers of death.

Indiana owes it to herself as well as the States about her to abandon the ignorance and superstition which has been the means of depriving her citizens of this great health saving measure. Negligence or ignorance in this matter has made it possible for such epidemics, with their attending suffering and loss of life, as have existed in various portions of the State in the past, and is now existing in the city of Indianapolis. It is therefore time for the Indiana people to shake off the lethargy which has been disastrous to their welfare, and our intelligent and progressive medical men of the State can be of great assistance in furthering the movement.

A. E. B.

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### ***Seven Million for Discovery of Cure for Consumption.***

Following closely upon the heels of the announcement that Henry Phipps, the millionaire steel manufacturer has volunteered a donation of one and one-half million dollars for the endowment of an institute for the study of consumption, the press dispatches of Jan, 29 announce that Mr. Rockefeller has signified his intention of donating \$7,000,000 to the Medical Department of the University of Chicago, (Rush Medical College,) for original re-



search, one of the chief aims of which is to be the discovery of a serum or some other treatment that will cure consumption. The gift is conditional upon the establishment of an institution on the Chicago University grounds, and that a great research hospital in connection therewith is to be devoted to the study of those diseases now known as incurable, with a view to discovering treatment that is curative in its effects.

If these reports are correct, then Mr. Rockefeller has turned his millions as well as his philanthropic tendencies toward a cause which is of more interest to humanity than all the other great progressive movements combined. And if as a result of the munificent donations by Mr. Rockefeller a cure for consumption, a disease more destructive to human life than either war or pestilence, or any of the other now incurable diseases, shall be discovered, then he will have accomplished more with his millions than he could ever have expected to accomplish in any other way, and he will have built a monument for himself that will forever stand as an evidence of humanitarianism which may be the means of saving countless millions of human lives.

If more of our American millionaires, of whom we seem to have an over abundance, will follow the example set by Mr. Rockefeller and Mr. Phipps, it would be impossible to estimate the amount of good that might come to suffering humanity through the scientific discoveries made possible as a result of such benefactions. If the colossal fortunes which have been accumulated by some of our millionaire trust magnates are to be devoted to such purposes as those herein mentioned, then will these men have served a better purpose in life than creating a name for themselves as being grasping, sordid financiers with no other object in life than to squeeze every dollar possible out of the public purse and give nothing in return. Surely out of every evil there must come some good, and perhaps the announcement of the standard oil magnate's generosity in the interest of science is but the beginning of an area rich in fruition for suffering humanity.

A. E. B.

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***Recurring Sub-Conjunctival Hemorrhages a Sign of  
Chronic Renal Disease.***

In a paper upon the ocular manifestations in chronic Bright's Disease (*Medicine*, Dec. 1902), Dr. G. E. DeSchwienitz emphasizes the fact that while it is known that recurring sub-conjunctiva



hemorrhages may be a sign of chronic renal disease, yet the manifestation has not received the place it deserves among the ocular signs of nephritis. Dr. DeSchwienits says: "In my experience these sub-conjunctival ecchymoses have occurred in persons past forty, and usually during sleep, the patient being surprised on waking in the morning to find a more or less extensive sub-conjunctival extravasation, most frequently, I think, in the left eye. In one case they may occur at comparatively short intervals; in another the periods between the attacks may comprise several weeks or even months. In five cases seen recently, three of the patients having died, the ages were in two between forty and fort-five, in one between fifty and sixty, and one between sixty and sixty-five. The fatal issue occurred within three years after the first sub-conjunctival hemorrhage was noted, and these hemorrhages were the first sign which called attention to the chronic contracted kidneys from which they all suffered."

"What the relative frequency of these sub-conjunctival hemorrhages is compared with other more commonly described ocular manifestations of nephritic origin is not apparent, owing to insufficient data. Sometimes it would seem that they may be associated with the ordinary retinitis of nephritis, but this is not my own experience. Sometimes in a certain sense they may at times replace the retinal lesions of chronic nephritis; certainly they may precede them. If this association of Bright's disease and recurring sub-conjunctival hemorrhages is a matter of common observation, as indeed it may well be, at least the fact has not been emphasized, and the simple rule to examine the urine carefully in each such case may lead to the discovery of a serious renal disorder, which as William Osler has said, is frequently latent; and even in an advanced grade may be compatible with great mental and bodily vigor."

"Of course, hemorrhages of this character occurring in elderly people are indicative of ordinary angiosclerosis, and are only one of the many signs of this condition, but what I wish to point out is that they are not confined to the eyes of old people, but may be seen, as I have just quoted, in those not much over forty, and in subjects moreover, in apparently perfectly vigorous health, and when signs of arterial degeneration are not evident in the radials or temporals. One patient to whom I have referred scouted the idea of the necessity for urine examination, although within three months he had three spontaneous sub-conjunctival hemorrhages, none of them very large, and all of them disappearing quickly, a peculiarity which, if anything,



enhances the significance which I have given them. They are the little leaks announcing that a greater break is not far off."

"An exactly analogous condition may appear in the delicate skin of the lower eye-lid, and should, therefore, be designated recurring subcutaneous ecchymosis. The spots are only a few millimeters in length, of a slightly purplish hue, resembling a small bruised area, and like their congeners in the conjunctiva, they come and disappear quickly. They undoubtedly have exactly the same significance. Indeed in one case I have seen the sub-conjunctival and subcutaneous ecchymosis alternate."

"It is unnecessary to dwell further upon this subject, except to emphasize the importance of observing changes in the sub-conjunctival and episcleral vessels and their relationships to serious wide-spread general vascular disorders, and therefore to chronic Bright's disease."

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***A Correction.***

In our December number, in commenting upon the fact that Dr. Proegler had been reappointed county health officer, we stated that the term of office was for one year. Our attention has been called to the fact that the appointment is for four years, and we therefore acknowledge a mistake in our announcement as contained in the December number.

A. E. B.





## ORIGINAL ARTICLES

No paper published or to be published elsewhere as original will be accepted in this department.

### *Diseases Produced Through the Rectal Reflexes.\**

By L. R. FAST, B. S., M. D.,  
Paulding, Ohio.

*Gentlemen:* — In selecting this subject for my paper I do it with the full knowledge of its importance to every man or person interested in medicine who is not biased in his way of thinking. I fully realize my position, and the deep water into which I tread if we are to listen to some of our contemporaries and their belief. We are told that danger lurks around him who attempts to show how and why some diseases are produced through the rectal reflexes. Even so eminent a therapist as Dr. Hare gives warning.

Our study of the numerous opinions current concerning the nature of the various diseases, and the manner in which they are produced, is certainly interesting to the clinician. It shows how difficult are scientific discoveries, and how slow is the progress of medicine. Few men, as a matter of fact, know how to see scientific questions in a just light, and misfortune decrees that as long as a science is misunderstood every one considers himself competent to speak upon it.

This is what formally occurred in the case of chemistry and physics. Since those sciences rest upon certain data they are no longer assailed by superior intellects. Will the same thing occur in medicine? Everything leads to this way of thinking; but the large number of works published daily shows conclusively that despite the remarkable work of Claud Bernard the time has not yet come, which means that medical science has not yet emerged from its emperic state. Then, gentlemen, just as long as medicine remains an unclassified science, just as long will the study of medicine invite the discussion of all. No one calvarium holds it all, and until, like a Newton or a Plato, some one fixes equations, axiomes, and laws demonstrable, will we have a right to our opinions.

Literature bearing upon the subject of rectal reflexes as being a causative agent in the production of disease, is almost nil, hence not available. So in the consideration of our subject I must for the

\*Read before the Northwestern Ohio Medical Association at Findlay, Ohio, Dec. 12, 1902.



most part depend upon our clinical experience in the management of rectal diseases, together with the experiences of a general practitioner and our common knowledge of cause and effect.

When I take the rectal reflexes as my route to the production of diseases I wish it understood that I have at my disposal the various local and peripheral disturbances due to lesions in the rectum and the sigmoid. You will observe by this that a proper study of the rectal reflexes involves, first, a study of the mechanism of the rectum, second, a study of the means by which various anarectal diseases are produced through the rectal reflexes, and, third, a study of rectal lesions in connection with the anarectal diseases producing psycho-physiological changes in organs remotely situated. I need not recite the physiological functions of the rectum; they are well known and understood by all. I do want, however, to ask your indulgence for a few moments in order to freshen our memories on the anatomical position, construction, and especially the blood and nerve supply of this refuse box. By doing so we hope to be able to show how peripheral disturbances lead to the production of diseases in other organs.

The rectum is a letter "s" shaped cylinder about eight inches in length, extending from the left and sometimes the right sacro-iliac symphysis to the anus, adapting itself to the shape of the sacrum and coccyx. It is covered by the peritoneum to about three inches of the anus anteriorly, and three and one-half posteriorly, and is anchored by the meso-rectum. It is narrowest at the recto-sigmoid strait and increases toward the anus, above which it presents a dilatation, the "ampulla analis," capable of being enormously distended. The muscular coat consists of circular and longitudinal fibers. The circular fibers become thickened about a quarter of an inch above the anus, forming the anal sphinctor. The cellular tissue separates the muscular and mucous coats.

The mucous membrane is very vascular and thick, and so loosely attached to the muscular coat that it predisposes to prolapse, especially in children in whom the rectum is straighter. There are three prominent semi-luninar shelves commonly known as Houston's Valves, which, becoming pathologic, contribute indirectly to peripheral neuroses and disturbances in other organs remotely situated. When the rectum is empty the mucous membrane appears folded longitudinally, forming the columns of Morgagni, and at the very verge of the anus it is gathered into looped folds called the Valvulae Morgagni. In these structures reside the papillae containing the



special rectal sense, by which warning of an approaching stool is given. This sphincteric area is called the haemorrhoidal inch, and is highly endowed with blood vessels and nerves, thus contributing a prolific source of local peripheric reflexes.

The rectum has a special blood supply from three sources. The superior rectal comes from the inferior mesenteric artery; the middle rectal comes from the anterior root of the internal iliac artery; the inferior rectal comes from the internal pudic artery. The last two give the chief blood supply to the pelvic viscera. They pass parallel to one another toward the anus and freely communicate by large transverse branches.

The veins are similarly arranged and establish the haemorrhoidal plexus at the lower end of the rectum. The main trunks from the latter are the middle and inferior rectal veins, which terminate in the internal iliac veins, so that the portal and general venous systems are brought into direct communication. To this fact is chiefly attributed the tendency of the viens to become varicosed, and to the formation of piles.

The nerves of the rectum are derived from the inferior mesenteric, hypogastric, and the sacral plexuses. The inferior mesenteric plexuses of the sympathetic system are situated below the splenic flexure, and supply the colon and sigmoid flexure. The hypogastric is in front of the sacral promontory and presides over the pelvic viscera, its filaments being intricately interwoven with the many branches of the internal iliac arteries throughout their distribution.

Besides the nerve supply from the sympathetic system, the rectum has direct connection with the spinal nerves, which I wish to call special attention to, through the sacral plexus made up of the lumbo-sacral nerves. This is the only part of the intestinal tract having such connection or communication. The sacral plexus gives origin to the pudic nerve which follows the distribution of the pudic artery, the anal branch supplying the anus. The other branches supply the organs of generation and the genito-urinary tract.

These exposed terminals, by virtue of a fissure or ulcer, reflect pain to the lower part of the back or the organs supplied. The sphinctor has greater nerve supply than any other muscle, hence great irritability and difficulty of complete anaesthesia.

By this brief anatomical sketch, interspersed with various suggestions, we can readily appreciate the importance of the rectum as a generator of many diseases when pathologically considered. Through the agency of the vagus a pathological state in the rectum



may be reflected to the head, chest and other viscera. The pudic nerve must be reckoned within many of the rectal reflexes. This is shown in no better way than to have the pudic nerve irritated by an ulcer or fissure, or some other lesion in the bowel. That being true, and the condition allowed to continue for some time, it gives rise to an hypertrophied prostate and an irritable bladder. It is not an unusual occurrence to have a true case of retention of urine, cystitis, vessiculitis, and even impotency, all produced through the circuit of a reflex act of the organic nerve. To treat one without giving attention to the other is to fall short of our knowledge of cause and effect. If reflex centers, which preside over the organic life, be in a state of awakening, then it is our duty to treat prudently the centers as well as peripheric disturbances, and not to do as we are taught to do, viz, remove the source of peripheric disturbances. This would do should the higher centers be in a healthy state and perfectly content or competent to dictate their power. They may frown and scorn through their life giving streams of power and motion to put down this irritable, pathological state, but to no avail, not so long as the centers themselves remain in a helpless condition.

The plexuses and ganglia must also be reckoned within the distribution of impulses to and from centers to peripheric points. Thus we explain the connection of headache, post-cervical pains, gastric disturbances and muscular pains to the ordinary anarectal diseases. We find the rectal reflexes manifested in a local and in a general way over organs remotely situated. By local I mean the part they play over the meatus urinaris, bladder, ureters, ovaries, back and legs. These phenomenal symptoms or conditions are generated through the vesical, urethral, uterine and sacral plexuses. General reflexes are expressed in the form of headache and other head symptoms; gastric, portal and renal disturbances and neurasthenia or rectal reflex neuroses.

The portal circulation being in direct connection with the haemorrhoidal inch we have no trouble in explaining how the various diseases of the rectum are directly responsible for the production of abscesses, inflammations, and other disturbances of the liver. The liver once in this condition many of its co-workers in the field of body metabolism suffer just in proportion to the damage done. The stomach, one of the first to offer up, through its sympathetic ganglia, its services to compensate for the loss sustained in the laboratory working of the liver, soon begins to weaken and ere long the patient becomes not only a sufferer from hepatic trouble, but,



from a physical stand-point a confirmed nervous dyspeptic, with emaciation.

The kidneys, likewise affected, serving the purpose of glandular structure, soon refuse to stand at the foot of the fountain and separate the good from the bad, and who can blame them when asked to perform from day to day twice their normal capacity. This extra work is practically all due to the faulty action of the digestive system or the absorption of pent-up residue in the rectum or colon.

This incoördinate working of organs has by some been called "the unbalancing of the assimilative powers of the body." We are not content with so generic a term, and are better contented to call the process one of indirect reflex disturbance. Now while we may have an indirect disturbance of organs in their normal physiological functions, we also have what I am pleased to call direct. This is shown where the pudic nerve, with its many branches, some of which, through the various reflexes of the pelvic viscera are connected with the pneumogastric as they spread over and supply the organs of generation (?) and in this way disturb the epigastric or gastric plexuses. Likewise do we find the renal system disturbed. Now should each of these systems of reflex disturbances be operating upon a given system at one time, will treatment directed to the removal of local disturbances correct the evil or will we set thy house in order by attention directed to the relief of both cause and effect?

The sacral plexus, which is made up of the lumbo-sacral nerves, having direct connection with the spinal nerves, will serve to show how the nerves of animal and rational life are affected. Keep up an irritation of those nerves uniting to form the sacral plexus and you have the neurons of the axis-cylinder of the spinal nerves constantly agitated. This should serve to point out to us, by the route of cause and effect, the predisposing or exciting cause of a vast majority of our lumbagoes, headaches, dizziness, irritable and impassionate temper. The general nervous system is maintained in a hurtful disposition, and there comes out of it, insomnia, and a long list of psycal troubles which we benefit if not entirely remove when we cause to disappear the unhealthy state of the rectum, with its operator—irritation—telegraphing the news through these neurons to the higher and richly adorned upper centers.

But this is but one of the routes to the production of psycal troubles, which we may call direct or local. The other, indirect,



general or subjective, is produced by auto-intoxication, which has been casually referred to, and is thought by some to be too obscure to engage our attention. But I want to take the position that it is a state of toxicity of the system which unbalances our assimilative powers, followed by a long list of phenomenal symptoms.

As stated before we can readily appreciate the rectum as a generator of many pathological changes in organs remotely situated when for any other cause the reflexes are irritated. Disturb these reflexes by the absorption of such toxic properties as are usually found in the rectum and you disturb those organs which depend upon their support for the performance of their intelligent functions; the very mainspring of action is weakened, and there comes a state of dissimulation and elimination, with its long list of deleterious results. This is but another source for the production of the toxic bodies, and it is necessary to add to it the poisons furnished by the biliary secretions following alimentation and intestinal putrefactions coming on from disturbances of the rectal reflexes. With this state of the body surcharged with certain toxic substances there results a general state of auto-intoxication.

The kidneys, one of the first to change functions, fail to filter the amount of destructive metamorphosed tissue, owing to the impermeability of the renal path. They no longer perform their normal amount of work. We may assist them for a while with our sudorifics, and diaphoretics, hot baths, and etc., and in this way remove from the economy certain toxic substances which ought normally to depart by the skin, but not those which the kidneys are charged with the duty of eliminating.

According to Haig, Purdy, Etheridge, Haines and others, the amount of urinary solids eliminated daily should bear a certain proportion to the body weight, and the age of the individual. A man at the age of twenty to forty and weighing 160 pounds should pass 1,165 grains of urinary solids daily. If he passes by actual measurement only 500 grains, what has become of the other 665 grains? Suppose this condition to continue for days, what will be the condition of the patient? Ultimately as serious as when the functions of the skin are removed from whatsoever cause.

Again, one of several things may occur, either a general condition of uric acid anaemia manifesting itself in vertigo, contracted capillaries, cold skin, especially the extremities, so-called sick headache,—which is now recognized as uric acid headache,—“the blues,” or melancholia, palpitation of the heart, interrupted heart



beat, various forms of skin disease, rheumatism, gout, or possibly hysteria, epilepsy, and genuine insanity.

We find constipated subjects sufferers from a long list of nervous disorders and psycal troubles. All the insane are constipated, and alienists endeavor to specially guard against constipation. It would seem at first thought a far-fetched idea to claim that psycal troubles are caused by constipation, and a small list of other rectal diseases, yet I believe it will readily appeal to our hearty approval, if we will only apply our knowledge of the nerve supply of the reflex sacral plexus, and its direct connection with the lumbo-sacral nerves.

To cite the action of the reflex system over organs remotely located and having their connection as shown above, a patient of mine,—a traveling salesman, after having sought the assistance of several physicians, called at my office with all the symptoms of one who was a confirmed dyspeptic, hypochlorhydriac, emaciated, irritable nerves, and suffering with palpitation. In getting the history of the case I was about to close my inquiry when a question in reference to constipation brought out the fact that he was habitually constipated. Thinking of all the ills coming from a pathological state of Houston's valves, I proceeded to examine the rectum and found a bunch of internal piles hugged closely and lovingly by the internal sphinctor. The application of the clamp and cautery relieved the young man's symptoms, so far as the piles were concerned, but not those of the digestive system until proper attention was given to the liver and the digestive system, and these organs relieved of the secondary state into which they had fallen.

It is through the reflex system that one organ is informed of the condition of another, and bow to the will of the stronger and work harmoniously together, each in turn sympathising with the other, just in proportion to the damage done. As an evidence of this the following case history may prove of interest:

Mr. M——, age 56, married, a farmer, and until August 1898 always healthy. At this time he presented himself at my office for treatment. Patient grew steadily worse, and within five days was confined to his bed with what I took to be a low form of malarial fever. Upon my third visit, nine days after he was at my office, I was ready, after more careful investigation of the case, to change my diagnosis. Examination over the upper and right hypochondriac, together with the symptoms presented, indicated that I had a case of



abscess of the liver. I found the patient to be a long-time sufferer from piles which had become strangulated and had sloughed off, leaving an ugly looking ulcer. In studying the text books I found that the older the authors the less they had to say about the co-existing troubles. Yet each concurred in the observations and opinions that in from 40 to 60 per cent. of the cases of abscess of the liver, there was some form of bowel trouble present. Kelsh's late work places the per cent as high as 85 per cent. out of 100. Having ascertained this data and having the full history of the pile sufferer, I was convinced of the true origin of the abscess. The abscess dissected its way into the intestinal tract and was emptied per rectum, when I had the opportunity of examining from one to two quarts of a blood tinted discharge, bile pigment and micro-organisms of supuration.

The medical profession has been sadly negligent in tracing the diseases produced by a diseased state of the rectum, only mentioning, incidentally, the effects of toxic properties under the general head of auto-intoxication. The toxic properties of the renal and biliary secretions, which are produced by an irritation of the rectal reflexes, I pass with but a word, as time precludes an elaborate discussion. They lock the secretions and excretions as well as partly destroy the assimilative powers of the body, and what system can be healthy with its hinges rusty and its gates half open for the admission of nutritious material? What system half starved for the want of fuel and oil can perform its normal physiological functions in this incubative organism of ours?

If I have been able in my paper to excite interest in some of you who have been prone to seek the origin of many of these phenomenal symptoms in accordance with the teachings of various authors who point out the trouble as being produced or originating from centers, I will have done all I could have hoped to do. I believe that when the field of rectal diseases is more earnestly studied, and possible relations to various reflex phenomena established, proctology must be reckoned with to clear up some of the enigmas that may have failed of solution through the search-light of the neurologist, ophthalmologist, or gynecologist.

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### ***The Pathology and Treatment of Senile Pneumonia.***

By E. W. KNEPPER, M. D.,  
Ligonier, Ind.

I have been led to a consideration of this subject by reason of an interest awakened within the last few years by observations



made at the bedside. In former years I had failed to recognize the importance of the subject, and did not until I had accepted and acted upon the precepts laid down by Charcot, Loomis and others, which have taught us to observe more closely the important fact that there is a pathology of the aged as well as of the middle-aged and infant. Of these we have the two first mentioned to speak of at this time.

The distinction between the pathological conditions in the aged and middle-aged is readily understood if we but recall and bear in mind the conditions known as the adynamic and phlogistic types of disease. In pneumonia of the aged the adynamic type is observed, while in the middle-aged the phlogistic type is universally present. There is little danger of overlooking a case of pneumonia of the phlogistic type, but there is vastly more danger of overlooking or failing to recognize pneumonia in the aged. I am quite sure that mistakes of this kind are not infrequently made. All physicians are accustomed to meet pneumonia in the adult period, with the usual phlogistic conditions attending, and therefore we are liable to forget that we may meet this disease under opposite conditions, or the conditions that are present in the senile period of life.

An early recognition of senile pneumonia offers the only hope of successful treatment, and whatever treatment is employed must be used during the first stage, which is often but a few hours in duration. The importance of this subject is brought to view more clearly when we consider the frequency of its occurrence and fatality, which is so great that it becomes a matter of the greatest possible concern. Loomis says: "Statistics do not give pneumonia its proper place among the fatal diseases of old age. \* \* \* I believe it is the most fatal of all acute diseases of this period of life, for the number of autopsies that have been made in case of sudden death, in individuals of advanced years who have had low or nervous fever, exhibit, in a vast majority of cases, red or gray hepatization of greater or less extent that was not suspected during life." Charcot says, "in lobar pneumonia, so frequently met in the hospital, the most complete absence of general signs is, more than anywhere else, most strikingly exemplified." Again, it is said by those having the largest hospital experience, that nearly nine-tenths of the deaths of those over sixty years are caused by pneumonia. Statements of this kind are well calculated to arrest the attention of the physician, and to stimulate watchfulness when



we are called to minister to the aged, but despite caution the disease is liable to be overlooked because of its insidious approach, and we are sure to be deceived if we expect to meet the conditions or symptoms so uniformly met with in the pneumonia of the young or middle-aged.

Severe cough, pain and rusty sputa, as well as the indications brought out by auscultation and percussion, are by no means well marked in pneumonia of the aged. Grisolle says that an exploration of the thoracic organs in pneumonia of the aged gives negative results in a majority of cases, and we must, therefore, base our opinion, first, on the extreme frequency of pneumonia in old age, and, second, upon the fact that of all the phlegmasias of advanced life pneumonia is the one which is oftenest latent. So, when an aged person has a chill followed by moderate febrile movement (temperature  $101^{\circ}$ ,  $102^{\circ}$ , possibly  $103^{\circ}$ ), with great prostration, especially if delirium be present, though it be mild, and the condition not clearly the result of some other disease, and even though all the usual diagnostic signs are absent, pneumonia may be diagnosed.

To differentiate this disease capillary bronchitis and pleurisy must be eliminated. In both capillary bronchitis and pleurisy there are muco-crepitant or sub-crepitant rales diffused; but in pneumonia it is circumscribed to a spot three or four inches in diameter, and when both lungs are affected the attacks are consecutive in pneumonia while they are simultaneous in capillary bronchitis. In pneumonia there is but one distinct chill while in bronchitis there are usually several during the course of the disease. Loomis says: "The pulse in capillary bronchitis may run up to  $140^{\circ}$  or  $150^{\circ}$ , while  $120^{\circ}$  is about the limit in pneumonia." Pain in pleurisy is sharp and stitch-like in character, and located at or near the nipple of the affected side, while in pneumonia it is often absent, and when present is dull and diffused and referred to various and sometimes remote regions.

Of this disease, A. Trousseau said, twenty-five years ago, "It is announced by none of the symptoms which belong to pneumonia in the adult." There is no dyspnoea, nor pain in the chest, nor rusty sputa, and, in some cases, no fever. In a word it is latent pneumonia."

Prognosis is always grave, and the greater the age of the patient the less are the probabilities of recovery. Undoubtedly, when it is single and confined to the lower lobe or portion of the



lung, the prognosis is much better than when the upper lobe or apices are affected. When the pulse rate does not exceed one hundred and twenty, and the temperature range is not above one hundred and two, the prognosis is favorable.

It is difficult to establish the average duration, for this depends greatly upon the condition of the particular patient, but primary adynamic pneumonia usually runs from six to ten days. In fatal cases the seventh day is rarely passed. (Loomis.) The first stage is usually brief and soon passes into the second in from four to six hours. The stage of purulent infiltration, if it occurs, is reached about the third day, and, as before stated, an early and accurate diagnosis becomes pre-eminent in importance, for a few hour's delay may suffice for the disease to make such inroads upon the vitality of our patient that all hope of recovery has vanished. Heart failure is present early, delirium occurs, and all the indications of dissolution rapidly accumulate.

With respect to treatment I have to say that if the foregoing statements are correct, the mode of treatment becomes singularly clear and definite, and in brief may be referred to as follows: Alcoholic stimulants, concentrated fluid food, strychnia, digitalis, small doses of quinine, and nitro-glycerine. *The heart must be sustained.*

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## SOCIETY PROCEEDINGS

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### *Western Ophthalmologic and Oto-Laryngologic Association.*

The eighth annual meeting of this association is to be held at Indianapolis, Ind., April 9, 10 and 11, 1903. The preliminary program has been issued, with seventeen papers announced for the section on diseases of the eye, and fifteen papers for the section on diseases of the nose, throat and ear. Judging from the program issued the meeting is to be a very successful one scientifically, and no doubt the local medical profession of Indianapolis will see that the social features are all that could be desired. An interesting feature of the meeting will be the pathologic exhibit containing gross specimens, microscopic slides and photographs. The committee having this exhibit in charge urge every member of the society to assist in making this exhibit as large and com-



prehensive as possible by contributing to it. The committee is composed of Dr. C. R. Holmes, Cincinnati; Dr. W. H. Wilder, Chicago; and Dr. H. Loeb, St. Louis. The officers of the society are: President, Dr. W. L. Ballenger, Chicago; Secretary, Dr. D. T. Vail, Cincinnati; Treasurer, Dr. C. J. Stein, Chicago.

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#### *Northern Tri-State Medical Association.*

The mid-winter meeting of the Northern Tri-State Medical Association was held at Butler, Ind., Tuesday, Jan. 20th, under the presidency of Dr. W. F. Shumaker, of Butler, with an attendance of seventy-five physicians and invited guests. Following the reading of the minutes of the preceeding meeting, a paper by Dr. Allwood, of Montpelier, Ohio, on "The Treatment of Tuberculosis," was read. The paper was ably discussed by Dr. T. F. Wood, Angola, Dr. Weitz, of Montpelier, Dr. Spohn, of Elkhart, Dr. Wyman, of Detroit and Dr. Buchman, of Fort Wayne. Dr. Wyman took up the surgical aspect of the disease and discussed the subject in his usual impressive manner. Dr. Buchman considered the tubercle bacilli not the primary cause of the disease, but rather that the lungs furnish a favorable soil for the development of the bacilli and the pathological conditions accompanying them. He considered forced feeding a failure.

Following this paper the Society adjourned to dinner which was served by the ladies of the M. E. church in the basement of the building where the meeting was held.

The afternoon session was called to order promptly at 1 o'clock by President Shumaker. A committee on membership was appointed consisting of Drs. Williams, Byall and Showalter. This committee reported favorably upon the applications of Drs. A. L. Snyder, of Bryan, Ohio, R. E. Stoops, of Montpelier, Ohio, W. H. Swartz, of Butler, Ind., and Earnest D. Smith, of Leo, Ind. Upon motion the report of the committee was accepted and the candidates admitted to membership.

The treasurer, Dr. T. F. Wood, of Angola, made a verbal report of the financial condition of the Society, showing that but a small amount of money had passed through his hands and that the Society was slightly in debt for current expenses. Upon motion the report was referred to the finance committee. The bill of the secretary amounting to \$28.16, covering the expenses of the Butler meeting, was referred to the finance committee, which as ap-



pointed by the president consisted of Drs. Hines, Cary and Bowker. The old finance committee consisting of Drs. H. D. Wood, Holbrook and Blackman were appointed by the president to act in conjunction with the new committee in auditing the books and accounts of the Society with a view to getting the affairs in an intelligible condition. These committees were also instructed to procure copies of the constitution, membership list and other records of the society which the present officers had been unable to obtain. Remarks relative to the welfare of the Society were made by Drs. Bulson, of Fort Wayne, Holbrook, of Coldwater, H. D. Wood, of Angola, and A. T. Devillbis, of Toledo.

The scientific program was opened with a paper by Dr. Spohn, of Elkhart, on the "Use of Inhalers in Treating Diseases of the Respiratory Organs." The essayist advocated the more general employment of inhalation of gases and medicated air in the treatment of diseases of the respiratory organs, and particularly mentioned the benefits derived from these local applications in the treatment of all irritative and inflammatory conditions of the trachea and bronchi. The inhalation of nebulized fluids, aside from affording local application of medicaments to the diseased membranes of the respiratory organs, accomplishes another purpose and that is in effecting deep breathing, which today is recognized as one of the best means of relieving irritation and checking the cough which so frequently accompanies these affections. In the discussion of the paper, Dr. Bulson, of Fort Wayne, thought that about as much was accomplished by the deep breathing accompanying the inhalation of medicated vapors as resulted from the medicaments themselves. He believed that in many of the irritative and congested conditions of the trachea and larger bronchi, the direct application of medicinal agents to the diseased membranes by means of vapors was far more efficacious than systemic medication as usually employed. Dr. Devillbis, of Toledo, commended the paper, and said that he believed it was not generally known that very much stronger solutions could be employed as local applications to the membrane of the respiratory organs when nebulized than could possibly be applied in the form of a spray, and the nebulizing of fluids was practically demonstrated by him by use of instruments devised for the purpose. Dr. Weitz commended the paper in general terms.

Upon motion of Dr. Bulson, of Fort Wayne, seconded by Dr. Williams, of Angola, which was passed, the time for reading of



papers was limited to fifteen minutes and discussion to five minutes.

Dr. H. C. Wyman, of Detroit, read a paper on "Two Cases of Obstruction of the Bowels due to Meckles' Diverticulum." This paper was devoted to the report of two very interesting cases, both operated, one of which recovered and the other died. The paper was discussed by Dr. Barnett, of Fort Wayne, who thought that the cases were exceedingly interesting because of their comparative rarity. The essayist was commended for having been able to save one of the cases which at the time of the operation did not look hopeful. Dr. Stemen, of Fort Wayne, also made some general remarks upon the paper, and Dr. Squires, of Churubusco, related his experience in the removal of a diverticulum on the supposition that it was a vermiform appendix, and the resulting suit for malpractice.

Dr. Daniel LaFarte, of Detroit, presented a very interesting paper upon "The Treatment of Lateral Curvature of the Spine." The paper was discussed by Drs. Casebeer, of Auburn, and Snyder, of Butler.

Dr. Bulson, of Fort Wayne, moved that the Society hold but one meeting each year, and that such meeting be held in January. President declared the motion out of order owing to the fact that the constitution provided for two meetings each year. Dr. Bulson then introduced an amendment to that clause of the constitution governing the number of meetings so that when amended it will provide for but one meeting each year and that meeting to be held in mid-winter. The resolution was read by the secretary and laid on the table until the next meeting, when it will be voted upon in usual form.

Dr. G. W. McCaskey, Fort Wayne, read a paper upon "Some New Points in the Diagnosis of Cardio-Esophageal Cancer, with Report of Four Cases." The essayist presented a device of his own origination, for not only measuring the distance from the incisor teeth to the cardiac orifice, but in determining the presence of a diverticulum above the stricture. The paper was discussed by Drs. Bulson, of Fort Wayne, Weitz, of Montpelier, Ohio, Swartz, of Auburn, T. F. Wood, of Angola, and Stemen, of Fort Wayne.

A paper entitled "Surgery as a Specialty," was read by Dr. C. B. Stemen, of Fort Wayne, Ind., in which attention was called to the requirements for a successful surgeon. Mention was made



of the advances that have been made in surgical methods during the last forty years, and the necessity for surgeons to keep abreast of the times in these advances. The paper was discussed by Drs. Snyder, T. F. Wood, Barnett and Bulson.

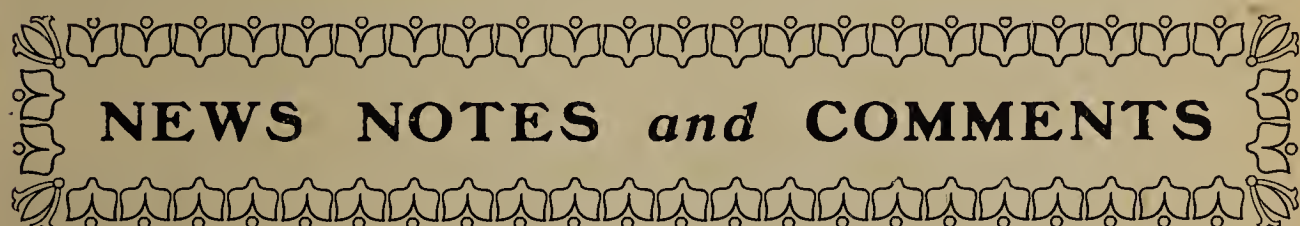
The evening session was devoted to a paper on "Pneumonia," by Dr. T. F. Wood, of Angola, in which the ground was taken that the modern treatment of pneumonia was not so successful as the old in which bleeding was performed in selected cases. Poultices were applied to the chest, morphia given to ease the pain, and stimulants and food administered to maintain the strength. In the discussion of the paper Dr. McCaskey, of Fort Wayne, said that pneumonia is an infectious disease, and he did not believe in counter-irritation or bleeding, but thought that the inhalation of oxygen, rest and the treatment of symptoms as they arise are the things needed. Dr. Devillbis, of Toledo, gave his personal experiences with the disease, and advocated fresh air by open windows and the treatment of the symptoms as they arise. Dr. Spohn, of Elkhart, thought that oxygen was the sheet anchor of success, but believed it ought to be passed through an antiseptic oil, in order to give the patient the benefit of the local effect of antiseptics. He thought that deep breathing would allay the cough.

On motion the Society adjourned to meet at Montpelier, Ohio, some date in July, to be selected by the officers.

J. R. WILLIAMS, M. D., Sec'y.

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## NEWS NOTES *and* COMMENTS

### *Lame Children in New York City.*

Dr. Newton M. Shaffer, a New York expert on diseases of the hip and orthopedic troubles, who arranged the New York clinic for Dr. Adolph Lorenz, says that he is astounded to discover that there are so many crippled children in the city of New York, as evidenced by the thousands of applications for treatment at the Lorenz clinic which poured in when it became generally known that Prof. Lorenz would operate in New York. Dr. Shaffer states that in view of the number of applications received he is



convinced that there are between forty and fifty thousand crippled children in the city of New York, and that fully eighty-five per cent. of these could be made at least able to work if their diseases were treated in time.

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### ***Against Mercurial Injections.***

According to Drs. Renault and Danlos, injections of mercury should be rarely employed, and resort should only be had to them when other methods such as ingestion or inunction have failed to produce any effect. They are less practical and sometimes dangerous.—*Jour. Am. Med. Assoa.*

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### ***The Sander Prize.***

The Association of Military Surgeons of the United States announces that the Sander prize for 1903 will be awarded to the author of the best essay on "The Differential Diagnosis of Typhoid Fever in its Earliest Stages." The Board of Award consists of Dr. Austin Flint, New York City; Prof. Victor C. Vaughn, of the University of Michigan; and Col. Calvin DeWitt, of the U. S. Army. Full information concerning the contest may be obtained from Major Jas. E. Pilcher, Carlisle, Pa., secretary of the Association.

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### ***Drugs to be Avoided by Nursing Mothers.***

According to the *Clinical Review*, for January, the following drugs are eliminated by the milk glands, and care should therefore be taken in prescribing any of them for nursing mothers: Strychnine, carbolic acid, quinine, cascara, sagrada, sulphur, arsenic, iodine, opium, iron, bismuth, senna, rhubarb, jalap, zinc, mercury, potassium iodide, magnesium sulphate, castor oil, garlic, oil of turpentine, oil of copaiba, and all the volatile oils.—*N. Y. Med. Journal.*

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### ***Authorship by Dictation.***

The *New York Medical Journal* of Jan, 17, 1903, deplors the fact that the typewriter and the stenographer have done more to degrade literary style in medical articles than anything else. There is a noticeable deterioration not only in literary style but even in the grammar, spelling and punctuation of medical articles that have been dictated. The earmark of the dictated article is visible in very many of the contributions which come from dis-



tinguished sources. A man may know his subject thoroughly; he may be able to lecture on it; to discuss it in a conversational way lucidly; yet when he commences to dictate an article the result will have the faults of both lecture and conversation, with the virtues of neither.

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#### ***A New Medical Journal.***

We have recently received a copy of the *Central Indiana Medical Journal*, published at Anderson, Ind., which we take to be the first number, though the journal does not contain a line to indicate whether the periodical has been in existence previous to the issuance of the January number of 1903 or not. The journal is announced as the official organ of the Madison, Delaware and Henry County Medical Societies. It is published by the Central Indiana Medical Association of Anderson, with S. C. Norris, M. D., as managing editor. The January number contains thirty pages devoted to original articles, of which there are six, editorial comments, society programs, and book reviews.

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#### ***The Phipps Hospital for Tuberculous Patients.***

The announcement has been made that Mr. Henry Phipps, the millionaire steel manufacturer, has volunteered a donation of \$1,500,000 for the erection and endowment of an institute to be located at Philadelphia for the study, treatment and prevention of tuberculosis. While an extensive hospital is to be maintained, yet the main object of the institution is to afford means for the study of the problems presented by tuberculosis. Dr. Lawrence L. Frick will be the director.

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#### ***Medico-Legal Bulletin.***

The January number of the *Medico-Legal Bulletin* contains a large number of notes and comments of interest to the medical profession from a medico-legal standpoint, and is by far the best number that has as yet been issued by the enterprising manager of the Physicians' Defense Company, in the interest of which it is published. The medical profession is to be congratulated upon having access to such valuable news and information relative to legislative enactments and judicial decisions affecting the profession.

Medical men should be thankful for the opportunity given them to secure protection and defense in alleged malpractice suits



through possession of a contract with the Physicians' Defense Company, which has been organized and maintained for this exclusive purpose and has already demonstrated its willingness and ability to carry out in every detail all the requirements of their contracts.

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***Dr. Baldwin Wins His Suit.***

Our readers will probably remember an item published some months ago regarding a suit for alleged malpractice brought against Dr. J. F. Baldwin, a prominent surgeon of Columbus, O., the charge being that Dr. Baldwin had contributed, through unskilled attention, to the death of a woman upon whom he had operated. The case was bitterly fought by both sides, and has recently been decided in favor of Dr. Baldwin. The defense was very ably conducted and managed by the attorneys of the Physicians' Defense Co., of Fort Wayne, a corporation which defends physicians against damage suits, and with whom Dr. Baldwin held a contract.

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***Indiana Agency for Parke, Davis & Co.***

We have recently received announcement of the fact that Parke, Davis & Co., of Detroit, have opened a branch house in Indianapolis, in charge of Mr. M. V. Millikin. The reason for its existence is to promote the convenience of Indiana patrons. The opening of this Indiana branch, in charge of such a capable manager, proves that the well known house of Parke, Davis & Company adopts every possible means of promoting convenience and efficiency in their service to physicians and pharmacists.

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***Dr. Lloyd's Satires.***

Dr. John Uri Lloyd, author of "Stringtown on the Pike," and other stories of Kentucky life that have had a wide sale, is the author of the "Sam Hill Satires," which began as a serial publication in the September *Criterion* of New York. The fifth paper will appear in the March *Criterion*, and the remaining stories during the year 1903. The illustrations are by Martin Justice.

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***A Hospital for the Rich.***

A hospital with suites for guests and sumptuous wards for patients is soon to be erected in Chicago, at a cost of \$400,000, exclusive of land, furnishings and equipment. The hospital will



be known as the Shore Inn, and will be eleven stories high. Eighty of Chicago's leading physicians have each subscribed for \$5,000 worth of stock. This will be a hospital where a patient who considers his comfort of most importance can bring his family or friends and install them in luxurious suites in the building where he is being treated.—*Philadelphia Medical Journal*.

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### ***Those Careful Parisians.***

A young Parisian woman, who recently became engaged to be married, on applying for her official papers, discovered that a mistake as to her sex had been made, and she had been put down on the register as a boy. She also discovered that the police, believing her to be a boy, had a warrant for her arrest for not presenting herself for military service. She will now have to prove her identity, and, in the meantime, the marriage has been postponed indefinitely.—*Philadelphia Medical Journal*.

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### ***The Archives of Pediatrics.***

With the January number, the *Archives of Pediatrics*, edited by Dr. Walter Lester Carr, and published by E. B. Treat & Co., of New York, begins the 20th year of its publication. As a high class monthly journal devoted to the diseases of infants and children, this periodical has no equal. Beginning with the year 1903 the editors and publishers have added to the size and general excellence of the journal and subscribers may rest assured that they will receive full value for the modest subscription of \$2.00 exacted in advance for the periodical.

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### ***Mistaken Identity.***

A Grundy County, (Kan.) physician recently sent to the address of one of his patients a bill for professional services, and within ten days received the following letter written on the back of his memorandum: "Deer Sur this noat was put in my box by mistake. I han't the man hee's dead and ain't any relation of mine anyway. I don't see how your consheens will let you dun the dead. Why don't you live a better criston live and let live and try to meat that man who dide in heaven which is worth moar than forty dollars to enny doctor."



*Personals.*

The *New York Medical Journal* of Jan. 17th published the address of Dr. G. W. McCaskey, Fort Wayne, upon the subject, "Chemical Pathology the Field of Greatest Promise in Pathological Research." The address was delivered before the Allen County Medical Society at its annual meeting December 23, 1902.

Dr. R. P. White, Fort Wayne, has been appointed one of the associate general surgeons of the Pennsylvania railroad.

Drs. C. B. Stemen and Geo. W. McCaskey, Fort Wayne, presented papers at the mid-winter meeting of the Northern Tri-State Medical Association at Butler, Jan. 20.

Beginning with the January number, Dr. B. Van Sweringen, of Fort Wayne, became one of the associate editors of the Journal-Magazine, having been assigned the department of Materia Medica, Therapeutics, and Pediatrics.

Dr. E. L. Eberhard, South Whitley, Ind., is slowly recovering from a severe attack of peritonitis.

The surgeons of Fort Wayne have never been quite so busy as they have been during the past two months. The hospitals are crowded, and are daily turning away patients. In many instances surgeons have had to take their turn in the operating room owing to the number of operations constantly going on. The opening of the large and fully equipped addition to the Hope hospital will very materially lessen the congested condition that now exists.

County Health Officer, Dr. Proegler, announces that the city of Fort Wayne, and in fact all of Allen county, is free from smallpox, notwithstanding the fact that the disease exists in nearly all of the surrounding counties. He has recently issued an order demanding vaccination of all school children before admission to schools.

Dr. G. W. Spohn, of Elkhart, who was recently defendant in a suit in the Elkhart circuit court for damages in a case of X-Ray burn, has won the suit, the jury rendering a verdict for the defendant. It is not thought likely that the case will be appealed to the supreme court, though, as stated by the *Medico Legal Bulletin*, there is need of such a decision, there having been no X-Ray case ever decided in any supreme court in the country.

Dr. G. M. Leslie, who went to Arizona for his health, writes that he has entirely recovered and will return to Fort Wayne in April to resume his professional work.



## ◊ MEDICAL ◊ REVIEWS ◊

### *Department of Medicine and Therapeutics*

In Charge of George W. McCaskey, A. M., M. D.

Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

#### *A Case of Typhoid Fever without Intestinal Lesions.*

Blumenthal *Deutsche Med. Wochenschr.*, 1902, xxviii, 626) from Stadlemann's clinic, in Berlin, reports the case of a woman aged twenty-three years, who entered the hospital on the tenth day of typhoid fever. She was at that time five months pregnant. The symptoms were characteristic; well-marked roseola and Diazzo reaction were present, while the Widal reaction was positive at a dilution of 1-150. On the fourteenth day the patient aborted, and on the twentieth, died. At autopsy there was a hemorrhagic enteritis of moderate degree in the jejunum. In the lower part of the ileum the follicles were a little prominent; no affection of Peyer's patches. The ileocaecal glands were enlarged, on section, soft and grayish red, with prominent follicles; the spleen was large and soft. Cultures from the spleen and glands showed numerous bacilli answering to all the characteristics of typhoid organism.

(This case emphasizes again the fact that the essential symptoms of typhoid fever are not dependent upon the intestinal lesions, but rather those of a general septicaemia with certain characteristics.)—*Amer. Jour of Med. Scien.*

#### *Preservation of Meat by Means of Borax.*

Vaughn and Veenboer (*American Medicine*, March 15, 1902, p. 421), experimenting with borax on meat, found that meat not treated with borax and kept at ordinary temperatures, becomes slimy within a few days. From the surfaces of specimens so kept they isolated twenty different species of micro-organisms, fourteen of which were peptonizing bacteria. Inasmuch as it is the usual practice to wash meats so treated as soon as they arrive at their destination, they see no objection to this use of borax; and it would appear reasonable and proper to allow the practice, provided the preservatives do not penetrate the meat to any considerable extent. Since the announcement of the German govern-



ment to enforce, on and after October 1, 1902, the law prohibiting the importation of meats to which borax or any other of a number of preservative salts has been applied, Virchow, who is very strongly opposed to such action, has made known that for years he has taken a daily dose of borax with apparent benefit, and that since reaching his eightieth birthday he has doubled the dose.

The law goes much further than to merely prohibit preserved meats. It deals most minutely with the whole subject of slaughtering and meat inspection. One of the sections regarding the importation of dressed meats requires that they shall be in the form of whole carcasses. Carcasses of hogs and beeves may be split, but the halves must be left together, and must be accompanied by the head, lungs, heart and kidneys. Cow beef must be accompanied also by the udder, and the carcasses of hogs must also include the tongue. No piece of meat preserved by any of the permitted processes shall be allowed entrance if it weighs less than four kilogrammes (8.8 pounds), except hams, bacon, and intestines.—*Amer. Journal of the Med. Scien.*

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#### ***Instructions to Patients Affected with Syphilis and Gonorrhoea.***

Follon Cabot, in the *Medical Record*, insists that patients suffering from venereal disease should be given definite instructions concerning it; this is particularly true in dispensary practice. In his dispensary work he provides each patient having either syphilis or gonorrhoea with the appropriate card of instructions such as: "Instructions to those suffering from syphilis. Syphilis is a constitutional disease. It is 'in the blood.' Local remedies and taking medicine for three months will not cure you. You must be treated for three years. The effects of this disease are far reaching, and if treatment is neglected, much trouble and suffering may be caused, not only to yourself but to others. The following rules must be observed during the first year: Sexual intercourse should not be indulged in. Alcohol in all forms should be avoided, as it always aggravates the disease. Do not smoke or chew tobacco. Sleep alone. Under no circumstances should anyone be allowed to use your toilet articles, as towels, brushes, combs; razors, shaving brushes, etc. No article that has been in your mouth should be used by others, as tooth-brushes, tooth-picks, pencils, pipes, cigars, cigarettes, forks, spoons, drinking-cups, etc. You must not kiss anyone, especially children. Brush



your teeth night and morning and keep your mouth clean. If you have bad teeth, have them attended to by a dentist and be sure to tell him that you have syphilis, so that he can take necessary precautions and avoid the possibility of infecting others. Acids in food and drink should be limited."

A similar and appropriate card is given to those sufferign from gonorrhoea.—*Amer. Med.*

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### ***The Mirth Mind Tonic.***

November *Success* gives some precepts and a mind and body tonic in the following under the caption, "Increase Your Capacity to Enjoy Life."

Nothing contributes more to the highest success than the formation of a habit to enjoy things. Whatever your calling in life may be, whatever misfortune or hardships may come to you, make up your mind resolutely that come what may, you will get the most possible real enjoyment out of every day; that you will increase your capacity for enjoying life by trying to find some sunny side of every experience of the day. Resolutely determine that you will see the humorous side of things. No matter how hard and unyielding your environment may seem to be, there is a sunny side if you can only see it. The mirth provoking faculty, even under trying circumstances, is worth more to a young man or woman starting out in life than a fortune without it. Make up your mind that you will be an optimist, that there shall be nothing of the pessimist about you, that you will carry your own sunshine wherever you go. There is longevity in the sunny soul that eases our jolts and makes our sides shake with laughter. There is a wonderful medicinal effect in good cheer. Good news and glad tidings have a magic effect even upon invalids.—*Alientst and Neurologist.*

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### ***Heat and Cold Applied to the Spinal Column.***

Glen, in the *Nashville Journal of Medicine and Surgery*, emphasizes the importance of heat and cold as applied to the spinal column in treating various conditions. He has brought on the suppressed menstrual flow by the application of ice to the lower dorsal and lumbar region, and has arrested uterine hemorrhage by hot water packs at a temperature of 115 to 120 over the same tract. He has also seen congested lungs readily relieved by hot water applications over the lower cervical and upper dorsal spine,



and fever, he says, can be absolutely controlled by the application of hot water over the cord from the fourth cervical to the sixth dorsal vertebra. His view is that nothing should be put into the stomach except such substances as form a component structure of the body, and if this rule were followed we should have no digestive disorders, and always have a normal blood, and since the amount of blood in any part is controlled by the action of the vaso-motor centers in the cord and the sympathetic ganglia in close proximity to the cord, any disease causing local circulatory disorder can be thus located and treated. To get the proper effects of heat and cold applied to the cord, the anatomy and physiology of the nervous system must be scrupulously borne in mind.—*Jour. A. M. A.*

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#### ***A Clinical Lecture on the Treatment of Pneumonia.***

Duckworth considers a warm bed and good nursing essential elements in the treatment of pneumonia. The diet should consist mainly of milk and beef tea. Hyperpyrexia should be treated with ice water sponging or 5-grain doses of quinine every two hours. Potassium citrate and ammonium acetate and two or three grain doses of quinine every six hours are valuable drugs in the treatment of the disease. There are some cases of pneumonia in which the use of opium is decidedly beneficial. Such cases are those in which there is no reason to suppose that the kidneys are involved. The author advises the exhibition of small doses of morphine in conjunction with compound spirits of ether when it is desired to give opium. When the heart begins to weaken and the pulse becomes irregular and small, inhalation of oxygen, hypodermic administration of strychnine and one or two-grain doses of musk are indicated. He usually combines Hoffman's anodine with tincture of musk. If there is engorgement of the right side of the heart, high temperature, rapid pulse and a systolic heart sound which is barely audible at the aortic area, stimulants, the best of which is brandy, should be given. It is important to give the patient as much pure water to drink as possible. In the winter hot poultices may be applied to the affected side, but in hot weather cotton wool sprinkled with spirits of camphor gives very good results.—*Phil. Med. Jour.*



# DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.  
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

## *Gonorrheal Ophthalmia Infection from a Kid Glove.*

(By Frederick Griffith, M. D., *Journal of Cutaneous and Genito-Urinary Diseases*, December, 1902, p. 557.) The point of interest in this case is the mode of infection of the little patient. J., a boy of eight years, while at play in the street, found a lady's kid glove, which he put on and wore for the remainder of the day. From rubbing his face his left eye became infected and at the end of twenty-four hours inflammation had closed the lids. Owing to ignorance of the character of the affection, upon the part of the boy's mother, home remedies were first used, and later, when the child was brought to the hospital, it was found that ulceration and sloughing of the cornea had destroyed the sight. Later, the shrunken, distorted organ was removed. The gonorrheal patient is a constant source of danger to himself as well as those with whom he comes in contact; as the unfortunate termination of this case demonstrates. —*Western Med. Review*, Jan. 1902.

## *Use of the Esmarch Bandage.*

In important amputations always loosen the Esmarch bandage very gradually, after having tied the few vessels whose divided ends may be easily found. This prevents a too rapid distention of the vessels with blood, and any further bleeding is more easily controlled. —*International Journal of Surgery*.

## *Anchorage of Tendons in Partial Foot Amputations.*

Cale, (The Railway Surgeon) relates the histories of two cases which illustrate the value of the point under discussion. The first patient was a railway conductor, the forepart of whose foot was torn off at Chopart's joint while he was attempting to couple some cars. To give the man a useful ankle joint, Dr. Cale sewed the tendons of the foot to the plantar fascia of the sole flap. The patient's recovery was uneventful and the ankle joint is unimpaired in usefulness, while in walking the man limps no more without than



one does with an artificial foot. At present he wears an ordinary pair of shoes by simply stuffing out the empty portion of one with curled hair.

The same principle is illustrated in a second case treated by the same author. This patient was a brakeman on whom a Chopart amputation had to be done. The tendons were anchored in similar manner, and the result, both anatomically and functionally, is equally as good as that in the first case.

In closing his article, Dr. Cale makes the assertion that, in his belief, these tendons should be invariably fastened to the periosteum, or some of the other structures of the sole in order to guarantee a useful foot and ankle.—*Med. Progress.*

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#### ***Injection of Hot Water for the Cure of Vascular Neoplasms.***

Dr. Jno. A. Wyeth, (*N. Y. Med. Journal*, Dec. 6, 1902,) recommends the injection of vascular tumors with water at a temperature between 190° F. and 212° F. All the varieties of vascular tumors may be successfully treated by this method. No accidents have occurred and the results have been satisfactory. The quantity of water injected and the temperature should vary with the size and character of the growth. In the larger tumors a dram or two is injected into the mass the needle partially withdrawn and the injection continued until the entire growth is solidified. Enough water at sufficiently high a temperature should be used to produce immediate coagulation, but care should be used not to produce necrosis. When a slight bleaching of the skin is produced the injection should be stopped. In small warts on the face a fine needle should be used and not over two to six minims of water injected at one point. Treatment should start at the periphery and watched for several days before being repeated.

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#### ***Vomiting of Pregnancy.***

Dr. Weil claims that vomiting in pregnancy can be relieved by a 20 per cent. solution of menthol in olive oil, ten drops, taken in sugar, whenever the nausea appears.—*Canada Med. Record.*



## DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.

Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort  
Wayne College of Medicine.

### *Epilepsy: Its Treatment, Hygienic, Medicinal and Surgical.*

A paper with this title appears in the *Journal of the Am. Med. Asso.* from the pen of Dr. D. R. Brower who urges removal of epileptics from the common school to one especially designed for epileptics, inasmuch as greater knowledge of the condition is demanded than the ordinary teacher possesses. Also greater forbearance should be shown for outbursts of passion and greater efforts should be made to teach self-control. More attention to calisthenics is also needed as an outlet for the surplus physical energy of an epileptic. The diet he recommends does not entirely exclude meats, although all nitrogenous consumption is minimized. It consists largely of fruits, either raw or stewed, and cereals, with a rather liberal number of eggs. Careful attention to elimination, he says, should be the foundation of every treatment. Attention is directed to the necessity for proper regulation of the bowels and the correction of intestinal fermentation when present.

The use of the bromides is successful in ameliorating the condition in about 80 per cent. of the cases. He estimates that in at least 10 per cent. of the cases bromides not only do no good but do harm. He has seen no benefit from the strontium salt but prefers the sodium bromide to it or even to a mixture of the salts. In children he uses one grain for each year of age and never exceeds twenty grains three times a day for adults, making the vehicle mint water, changing it to avoid disgust. He has seen good results from the fluid extract of *solanum carolinensis* beginning with half teaspoonful doses and pushed to two drams, in addition to the bromides. *Adonis vernalis*, one-half to five minim doses, is useful where there is cardiac enfeeblement. When these measures fail, some of the coal-tar products may be successful. Belladonna is mentioned as a useful addition to the bromides and *solanum carolinensis* treatment in some cases. In the administration of bromides attention is directed to the necessity of combating the anaemia, and for this iron is lauded. When bromide treatment fails, some cases respond on the addition



of 10 grain doses of borax three times a day; his experience with this is not satisfactory. Oxide of zinc, 3 to 5 grains may be added. Arsenic to overcome acne is useful.

Lydston has had some success with santonin in 2 grain doses three or four times a day and increasing to the point of tolerance. Pepper had benefit from sodium salicylate and antipyrin, and Pellegrini from a 1 per cent. alcoholic solution of nitroglycerine, 2 to 10 minims morning and evening. Sympathectomy, ligation of the vertebrals and trephining are only mentioned to be condemned in primary idiopathic epilepsy. Traumatic cases can be benefitted, not cured, by operative measures provided they have not been of too long duration, the limit being two years.

In the discussion which followed the reading of this paper at the meeting of the American Medical Association, Dr. Harold Moyer, of Chicago, stated that he had given suprarenal extract in 5 grain doses to twenty-five epileptics and that three-fourths of them had been benefitted.

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#### *A Prophylactic in Nephritis of Scarlet Fever.*

Tobeitz advises turpentine oil in scarlet fever to prevent the development of nephritis. This complication is seen in 5 per cent. of all cases of scarlet fever, but after this treatment it was found in only three out of 136 cases. Tobeitz prescribes 12-25 drops of this oil in a day.—*American Medicine.*

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#### *Gastroptosis.*

Albert P. Francine, in the *University of Pennsylvania Medical Bulletin*, says that the indications for treatment in this condition are: 1. To relieve the stagnation and fermentation, and to increase the motor power of the stomach. 2. To furnish support to the stomach and other abdominal viscera, thus relieving local congestions and feeling of weight. 3. To tone up the general health and mental attitude of the patient. The means at our disposal are: Hygiene, diet, lavage and drugs; massage and exercises to strengthen the abdominal muscles; mechanical support, when indicated, and in bad cases with exaggerated symptoms unrelieved by other means, operation.

In elaborating these principles he condemns the corset and tight waistbands; recommends exercises and electricity for the abdominal muscles; avoidance of overloading the stomach and the selection of a diet which is easily digested, using preferably four or five small meals to three large ones; lavage, in some cases even when there is no retention does good; the use of antifermentatives, as resorcin, carbolic acid, creosote, aromatic spirits of ammonia, and soda bicarbonate.



## DEPARTMENT OF OPHTHALMOLOGY OTOLOGY, LARYNGOLOGY & RHINOLOGY

In Charge of Albert E. Bulson, Jr., B. S., M. D.

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

### *Corneal Tattooing.*

Dr. J. J. L. Borsch (*Penn. Med. Journal*) in a paper upon this subject says that to properly and without injury tattoo the cornea requires not only judgment on the part of the operator in the selection of cases, but the skill of an artist. The methods ordinarily advocated in the text-books are condemned as unscientific, capable of producing great harm in some cases, and resulting in a lack of the artistic effect desired. Nothing but the finest quality of Chinese ink in stick form is employed, and this is rubbed up with a solution of 1 to 5,000 sublimate until a liquid of the consistency of black ink is obtained. After cocainizing the eye the tattooing is done with a single needle dipped in the ink, as occasion may require, and thrust into the cornea at the center of the spot where it is desired to produce the pupil, a sufficient number of thrusts being made until a uniformly black pupil is obtained equal in size of that of the other in an ordinary light. Nothing more than the pupil should be done at one sitting and the tattooing should never be rubbed. The shading to represent the iris is done at subsequent sittings by perpendicular thrusts of the needle causing the striations of varying depth and intensity of coloring as may be required to match the fellow eye. The permanency of the result is insured by the use of carbonate of soda combined with ink, which fixes the color. When properly conducted the operations produce little if any irritation and results in a very natural appearing eye, and a blotting out of the unsightly blemish.

### *Tracheotomy Tube Retained Three Years and Four Months.*

Dr. John A. Tompson, (*Cincinnati Clinic*), reports a case in which a tracheotomy tube, which had been inserted following an operation for diphtheritic croup, was worn for a period of three years and four months, owing to dyspnoea occasioned by attempts to permanently remove the tube. When the child finally came under special attention it was found that the trachea was more or less ob-



structed by soft exuberant granulations, which upon removal of the tube acted as a valve to shut off respiration. Operation for the removal of the granulations resulted in restoring the tracheal opening and permitting the permanent removal of the tracheotomy tube. No notable impairment of the voice followed.

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### *Hot and Cold Water in Eye Diseases.*

The employment of hydrotherapeutic measures in the treatment of diseases of the eye are briefly considered by W. O. Nance, in the *Medical Standard*, as follows:

1. Heat and cold are best applied to the eyes by means of moist pads. They are more efficacious when employed in this manner than by means of the coil or bladder, in that their action is more penetrating, and their effect is more germicidal.

2. The application of heat is indicated in degenerative corneal processes—interstitial and phlyctenular keratitis, corneal ulcers, pannus, infected corneal wounds, suppurative panophthalmitis, in iritis and cyclitis, in muscular spasm, and in contusion and ecchymosis of the lids (black eye) to hasten the absorption of extravasated blood.

3. The application should be of the highest temperature the patient can endure (110 to 135) for a period of fifteen minutes, and repeated at intervals of two or three hours for several hours.

4. Cold is indicated in hyperaemia and inflammations of the conjunctiva. In purulent conjunctivitis it is the remedy par excellence. In traumatism, especially those of the iris and lens and in the early treatment of contusions of the lids its employment is of value.

5. In purulent conjunctivitis iced applications may be continuously used for many hours so long as the cornea remains unimpaired, in which instance they are positively contraindicated.

6. Hot applications greatly assist the rapid absorption of various medicaments employed in ophthalmic practice, and when used for this purpose should immediately precede the instillations of such solutions.—*Four. Am. Med. Asso.*

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### *Cataract in India.*

Some months ago we were astounded by the report of thousands of cataract operations in India, with the verified report of several thousand operations by one man. In a recent article in the *Lancet*, Dr. R. H. Elliott, of the Government Ophthalmic Hospital, Ma-



dras, reports a series of 500 consecutive operations for primary cataract performed in five months. An interesting feature of the report is that Mr. Elliot says that he performed fifty-three extractions in one day, and on three separate mornings did more than forty extractions each morning. Commenting on this paper the *Journal of the American Medical Association* says that the reports from these operators in India must be given great weight for the reason that they are based upon a very much larger experience than probably any other operators in the world enjoy. Among the interesting points mentioned by Elliot is his practice of lacerating the capsule of the lens by means of a Bowman stop needle before the section is made. As a routine procedure iridectomy is performed, and at the time of the extraction. Corticle debris is removed by irrigation (MacKeown's irrigator), and Elliott claims that this expedites recovery and minimizes the need for subsequent capsulotomy and dispenses with the introduction of instruments into the eye after the escape of the nucleus, and thus enables him to operate fearlessly on a large number of very immature cataracts in which without it he would not have ventured to interfere. Elliott calls attention to the value of morphia given hypodermically when the patient is nervous and will not obey.

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#### ***Chestnut-Burr Thorns in the Cornea.***

Dr. C. B. Meding, in the *Archives of Ophthalmology*, reports a case where a child had a chestnut-burr fall on the eye and eight thorns transferred to the cornea, the points projecting into the aqueous chamber within a very short distance of the iris and lens. An attempt was made to remove one of the thorns and it was found that the slight pressure made on the cornea brought the thorn points into contact with the iris and lens, and the attempt was unsuccessful. Dr. Herman Knapp advised atropin, rest and no surgical interference whatever. The advice was followed, with the result that the thorns gradually loosened by slight ulceration about the base of each, and were extracted or absorbed, leaving only three scar points, two so tiny and faint as to escape any but careful scrutiny, one somewhat larger and denser, the latter at the point of attempted removal. He remarks on the aseptic nature of the thorns, the curious tolerance of the cornea, the general absorptive powers of the aqueous for vegetable matter, and the wisdom of retaining the thorns as plugs for the holes they made, thus preventing infection, a hint of wide application.—*N. Y. Med. Record.*





## BOOK REVIEWS

***Lessons and Laboratory Exercises in Bacteriology.***—An outline of Technical Methods Introductory to the Systematic Study and Identification of Bacteria, Arranged for the use of Students, by Allen J. Smith, M. D., Professor of Pathology in the University of Texas, Galveston. Philadelphia. P. Blakiston's Son & Co. 1012 Walnut Street. 1902.

This is a book designed as the title indicates for medical students in the bacteriological laboratory. It is, therefore, a book dealing with methods, and is not in any sense a treatise upon bacteriology in the proper sense of the word. Every other page is left blank to facilitate the taking of notes in close juxtaposition to the related experiments and descriptions of technical methods. The book emanates from Galveston, Texas, a place noted for tidal waves and other things, and among the other things this book demonstrates that there is included an up-to-date medical man with a facile pen, abundantly able to deal with this most interesting and practical subject. I bespeak for this little brochure a favorable reception to which it is meritoriously entitled.

G. W. M.

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***The Mattison Method in Morphinism.***—A Modern and Humane Treatment of the Morphin Disease. By J. B. Mattison, M. D., Medical Director, Brooklyn Home for Narcotic Inebriates. Published for the Author. E. B. Treat & Company. New York. 1902. Price One Dollar.

This little book of forty pages gives an outline of the author's method of treating morphinism which includes among other things allusion to opiates and hypnotism under certain conditions. For insomnia he uses trional in twenty to thirty grain doses. The principal feature, however, is the use of bromides and especially the bromide of sodium in sufficient doses to produce a marked sedation of the nerve centers. Those who are interested in the treatment of these patients who are both difficult to handle and increasing in frequency will find the perusal of this little brochure of decided interest and value.

G. W. M.

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***Biographic Clinics.***—By Dr. Geo. M. Gould.

It is a peculiar fact that the letters and other writings of De-Quincey, Carlyle, Darwin, Huxley and Browning, liberal as they are with references to the continued ill-health of those great writers, have not before this suggested to the medical profession



an opportunity for research into the causal factors of those physical conditions. That the opportunity has not until now been recognized in its proper light is evidenced by the hitherto total absence of any work dealing with this subject. Dr. George M. Gould's Biographic Clinics, (P. Blakiston's Son & Co., Philadelphia) which is devoted to this neglected subject should, therefore, prove a most unique and valuable contribution to biographical and medical literature. The work is announced for early publication.

Dr. Gould has gathered from the biographies, writings and letters of the five named men every reference to their ill-health. Each endured, as is well known, a life of suffering which made almost every day a torment and by which their work and worth as an asset of the nation and civilization was conditioned and often rendered morbid. The cause of their affliction was an utter mystery to their physicians. No explanation explained, and no cure cured. Dr. Gould has gone into the "why" of this very thoroughly and the conclusion reached by him, from logic, and from a careful summary of the clinical symptoms, is that each of the writers suffered from eyestrain, and that scientific correction of their ametropia would have transformed their lives of mystery into lives of happiness. A history of the discovery of astigmatism and eyestrain, with a discussion of its indications and responsibilities, completes the work. It is interestingly written, and will undoubtedly meet with a ready sale among medical men and those interested in the works and lives of the quintette of great writers.

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***Diseases of the Eye, Nose, Throat and Ear.***—A Treatise on Diseases of the Eye, Nose, Throat, and Ear. For Students and Practitioners. By Various Authors. Edited by William Campbell Posey, A. B., M. D.; Professor of Ophthalmology in the Philadelphia Polyclinic; Surgeon to the Will's Eye Hospital; Ophthalmic Surgeon to the Howard and Epileptic Hospitals; Member of the American Ophthalmological Society, and Jonathan Wright, M. D., Attending Laryngologist to Kings County Hospital; Laryngologist to the Brooklyn Eye and Ear Hospital; Surgeon to the Manhattan Eye and Ear Hospital, Throat Department; Pathologist to the Manhattan Eye and Ear Hospital. Illustrated with 650 Engravings and 35 Plates in Colors and Monochrome. Price \$7.00 Cloth; Lea Bros. & Co.; Philadelphia and New York; 1903.

This is a work that should be in the hands of every student and general practitioner, though specialists may find the work of value because it contains the latest information as collected by men who have demonstrated their special ability in connection with the subjects assigned. The practical convenience afforded by combining the subjects of the Eye, Ear, Nose and Throat within a single volume needs no demonstration, for the anatomical and pathological re-



lations of these organs are so close that the specialist in one subject should have a thorough knowledge of the others. Their affections are so common and wide spread that they share a large measure of general practice, and their bearings upon internal medicine are so manifold and direct that no physician can ignore their influence or dispense with the light they cast upon morbid states elsewhere. The contributors to the volume are men of wide experience and recognized scientific attainments, specially qualified to discuss the subjects assigned. The work is withal concise, yet sufficiently comprehensive for any medical man not specially interested in an exhaustive study of the subjects discussed. The illustrations are of the kind that really illustrate, and there are an abundance of them. The mechanical execution of the publishers is all that could be desired.

In a work that is so uniformly commendable throughout it would be difficult to point out any features that indicate superiority over the average book of its kind, and yet we wish to specially call attention to the excellence of the chapters on "The eye in its relation to general diseases," by C. F. Clark, M. D., "The general preparation for operations upon the eye," by Clarence M. Veasey, A. M., M. D., "The Technique of the Pathological and Bacteriological Examinations of the Eye," by Edward A. Shumway, B. S., M. D., and "Neuroses of the Nose and Throat," by Emil Mayer, M. D. In calling attention to these chapters we do not mean to detract from or give the impression that the other chapters are commonplace, for they are each and all worthy of the highest praise.

In our judgment there has never been published a book dealing with these four subjects that so thoroughly meets the requirements of the medical man who desires something practical, comprehensive and thoroughly up-to-date. The only criticism we can offer is that the book is too large for comfortable and convenient use, yet it must of necessity contain a large number of pages in order to treat the subject so satisfactorily.

A. E. B.

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**The Year Book of General Surgery.**—Vol. II, Nov., 1902; by John B. Murphy, M. D., Prof. of Surgery, Northwestern University Medical School, Chicago. One of the Practical Medical Series of Year Books Containing 10 Volumes on the Years' Progress in Medicine and Surgery; Issued Monthly, under the General Editorial Charge of Gustavus P. Head, M. D., Prof. of Laryngology and Rhinology, Chicago Post Graduate Medical School. The Year Book Publishers, 40 Dearborn St., Chicago. Price of Single Volumes \$2.00. Price of the Series \$7.50.

This is a volume of 553 pages in which the years' progress in general surgery is set forth in a highly satisfactory way. The type and paper are good. The book is well illustrated and efficiently indexed.

M. F. P.



# Fort Wayne Medical Journal-Magazine

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## EDITORIALS

### *Our Water Supply.*

The epidemic of typhoid fever at Cornell University, with nearly three hundred cases and a large number of deaths, all traceable to an infected water supply, should forcibly bring to the minds of our municipal authorities the absolute necessity for a pure water supply as one of the means of preventing sickness and loss of life. For any community to have an epidemic of typhoid fever is equivalent to branding the municipal authorities where such an outbreak occurs as incompetent and criminally negligent, for typhoid fever is a preventable disease and almost invariably results directly or indirectly from an impure water supply.

It is not enough for our municipal authorities to point to their records in giving our cities and towns well paved and well lighted streets, beautiful and commodious public buildings, ample police protection and fair return for privileges granted corporations, but they should make and be proud of a record for protecting the



health and lives of the people by insuring pure and wholesome water and food supplies. The municipal authorities who see that their respective communities have a pure and abundant water supply, an inspection of milk and food supplies, a perfected sewage system, and clean streets and alleys, will have added more to the actual wealth, comfort, health and happiness of the people who elected them to office than all the more conspicuous evidences of work accomplished as seen in questionable improvements and measures which the average city fathers deem the most important monuments to be erected to the memory of their service.

Fort Wayne is one of the many cities suffering from the effects of mistaken energy on the part of a crowd of peanut politicians whose highest ideas of the duties incumbent upon them are in the line of a false economy which in the end becomes an expense to the city out of all proportion to benefits derived. That the city has escaped many of the evil consequences which sooner or later follow in the wake of ignorant and willful opposition to all that goes for protection of the health of the community, does not in the least excuse our municipal authorities, for fortune has favored us to a certain extent. There is an old saying that "it is a long lane which has no turn," and Fort Wayne has for many years been traveling a lane which at any moment may end in a turn which will produce evidence to prove that our disregard of means and measures for the preservation of health always ends in disaster. Then and then only will all the people recognize the incompetency and ignorance of our municipal authorities as a few do now. Then will the policy of the present authorities of neglecting to procure an abundance of pure water, and of turning the foul and disease-breeding water from the canal into the city water mains, as done nearly every summer, show up the stupidity of our board of water works trustees as acts of incompetency practically criminal in their nature.

Must we have an incident like that at Cornell to point out the danger that is present while our water supply is constantly more or less contaminated and is likely to continue so as long as our city water mains are connected with a pipe leading to the canal, the disease breeding contents of which are frequently and surreptitiously (if possible) served to our citizens whenever the original water supply becomes short through increased consumption?

For many years there has been spasmodic condemnation of the water works trustees for turning the filthy canal water into



our city water mains, but each time the wily if not unscrupulous trustees have volunteered the information that canal water would be a thing of the past as soon as more wells were drilled and an increased supply obtained. Notwithstanding these statements, which were really made to quiet popular disapproval, no sufficient effort has been made to secure an adequate supply of pure water for all demands, or to prevent undue waste of the existing supply, and today we are confronted with almost as much reason for introducing canal water into the city mains during the hot months, when consumption is greatest, as ever before, and no less hesitation will occur in following that practice.

There is not and never has been any reason why the people of Fort Wayne should not have an abundant pure water supply, for it is obtainable either by drilling a sufficient number of rock wells to augment those we now have, or by establishing a suitable filtration plant. The expense of either procedure would be uncomplainingly borne by the people, and be considered the best and most profitable investment ever made if the lives, health and comfort of the inhabitants be taken into consideration.

Another summer season is rapidly approaching, with strong probability that before it is over the water supply will be again polluted with the death dealing canal water. How long will the people of Fort Wayne submit to such shameful inattention to their requirements of means and measures for the good of public health? Judging from past experience we have reason to believe that nothing short of an epidemic of typhoid fever, with the needless sacrifice of human life, will arouse the community to an appreciation of the dangers which have been brought about by officers either ignorant of the necessities or too indifferent to move in the right direction. We hope that we may be spared such a forcible and expensive lesson.

A. E. B.

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### ***Appendicitis.***

Brunton recommends the administration of fifteen to twenty grains of sodium salicylate every two hours, and ten to fifteen minims of tincture of belladonna, in appendicitis. They may be given together or alternately, but should not be mixed, as each drug is to be diminished or stopped when its physiological effects appear.—*Clinical Review.*

How long oh Lord, how long, are the columns of our medical journals to be burdened with such silly twaddle as the above..



Attendant upon the administration of three such doses of the drugs as advised above there is as much danger and more discomfort than attends an early operation for appendicitis. The operation cures the patient certainly and secures against recurrence. Drugs can not cure and if they did there would remain the danger of recurrence. More than 80 per cent of all cases of appendicitis will get well if starved and kept at rest, but of this 80 per cent. one-third will have recurrent attacks. More than 99 per cent. will be cured, and stay cured by timely operation.

M. F. P.

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### ***Intravascular Injections of Formalin.***

Since the daily press heralded an almost "magical" cure of a case of puerperal septicemia following the intravenous injection of formalin, this use of the drug has been employed not infrequently for the cure of various septic conditions. It is of course too early to base an opinion upon results, but we venture the assertion that formalin used in this way will prove less curative than venesection coupled with injection of normal salt solution, and more harmful. The experiments made upon animals by Fischer and Teiken<sup>1</sup> and by Fortesque-Brickdale<sup>2</sup> show that animals injected with formalin are less able to resist infection than those not so treated. That formalin should interfere with the proteolytic processes in the cells, as has been pointed out by Waldemar Koch<sup>3</sup>, is not surprising to those who have noted its effect upon animal tissues when applied locally as a therapeutic agent or used as a preservative.

There is as yet no proof that formalin can be injected into the blood in sufficient quantities to be germicidal without so changing the blood as to render it unfit to perform its functions. There is on the other hand much evidence, direct and indirect, to show that were a sufficient quantity of formalin injected into the blood to kill the germs contained in it the result would be fatal. We are therefore constrained to advise against this use of formalin save as a dernier resort, and even then it should be used with great caution for the reason that patients thought to be hopelessly sick sometimes recover—and especially is this true of septicemic patients.

M. F. P.

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1. Trans, Chicago Pathologic Soc. 1902 V. 61-63.
  2. Lanet 1003. Jan. 10.
  3. Am. Jour. of Phys. 1902, vi, 325.



*A Substitutor Punished.*

In a suit of Fairchild Bros. & Foster against the Eberhard, Drug store at No. 622 3rd Ave., New York City, for substitution in a case where Fairchild's Essence of Pepsin was ordered, judgment has been rendered in favor of the plaintiffs in the sum of \$250 and costs, and in addition the defendants have been enjoined and restrained from selling or dispensing any essence of pepsin in imitation of or in substitution for Fairchild's Essence of Pepsin. The decree was affirmed on Jan. 9th, 1903.

The outcome of this case meets the general approval of all reputable druggists, manufacturing chemists and physicians. Substitutors should be severely dealt with, for the practice is becoming altogether too common and nothing short of action such as brought by Fairchild Bros. & Foster will put an end to the dishonest practice.

A. E. B.

*The New Scarlet Fever Serum.*

The foreign objections made to the treatment of scarlet fever with the new scarlet fever serum discovered by Aronson, of anti-toxin fame, reminds us of the wave of criticism which followed the announcement that diphtheria could be successfully treated with a serum taken from a sound and perfectly healthy horse immunized by repeated and successively increasing doses of diphtheria virus.

Objections are necessarily a resulting development following any great discovery, and the greater the discovery, with its possibilities for far reaching and wide spread benefits, the more and severer the criticisms. Such has been the history of all great scientific developments, and such will forever continue to be the order. It is, however, a well established fact that every discovery must stand the test of time in order to prove its merit, and this will hold true in the case of the newly announced cure for scarlet fever. The medical profession, however, should be willing to withhold envious and captious criticism until sufficient time and trial has conclusively demonstrated the value of the new serum.

The high scientific standing of the men who announce the discovery of this new treatment is sufficient to warrant our belief in the possibility of the discovery being one of the most important among all the list of great discoveries in medicine. The serum, if we have understood the reports correctly, is obtained in much the same manner that antitoxin is obtained, and already its use in the treatment of scarlet fever in some of the large contagious dis-



ease hospitals of Europe, has been attended with the most satisfactory results. Not only has the duration and severity of the symptoms been limited, but the renal complications and other dangerous sequellae have been entirely prevented. If continued use of the remedy tends to confirm these early reports of success, then we will have added another great scientific achievement to the already long list of medical and surgical life and health saving discoveries.

We should give encouragement to the efforts of the scientific men of our profession who at best are but poorly rewarded for discoveries which add to the sum total of life, health and happiness of the human race. American medical men, with their well known progressive spirit, should be the last to dampen the ardor of the world's investigators by such unwarranted and contemptuous criticism as frequently emanates from our foreign confreres. Let us therefore suspend sentence until opportunity has been given to test to our own satisfaction the real value of the new scarlet fever serum.

A. E. B.

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#### *The New Orleans Meeting.*

The coming meeting of the American Medical Association should be, and we believe will be, one of the largest in the history of the organization. There are many reasons why this should be so. The meeting place (New Orleans) is the metropolis of the South, and contains many things of more than usual interest. The time of the meeting is the most pleasant of the year. To the northern contingent especially the prospect of warm sunshine, balmy air, fragrant flowers and green leaves after a winter of more than usual vigor, accompanied by a scarcity of fuel, will be unusually pleasing. That the meeting is to be held in the South, the hospitality of whose people is proverbial, is a sufficient guarantee that the social features will equal if not surpass those of previous meetings.

From what we have been able to learn the scientific program bids fair to be one of the best ever presented. The railroad rates are lower than usual (one fare for the round trip.) Then too the meeting comes just at the end of a winter of hard work and we will all need rest and recreation. During the past year the membership of the association has greatly increased also, and many of the new members will no doubt attend. Lastly there seems to be a growing appreciation of the value to the individual of membership in the Association.

M. F. P.



*Our Advertisers.*

We desire to call the attention of our readers to a number of new advertisers who since the first of the year have been appealing, through the advertising pages, to the readers of the Journal-Magazine. Among the list will be found the Dad Chemical Co., of New York City, who are advertising a nerve sedative known as Neurilla; The Kress & Owen Co., of New York City, advertising the well known "Glyco-Thymoline," an aseptic alkaline alterative for all inflammations of the mucous membrane; The Oppenheimer Institute, N. Y. City, advertising an established and reputable institute for the care and treatment of all persons suffering from alcohol or drug addictions; The California Fig Syrup Co., of San Francisco, advertising the well known laxative, Syrup of Figs; The Mueller Chemical Co., Lima, Ohio, advertising Chloropepsoid, a remedy which has been endorsed by many physicians for disorders of the stomach; and the John D. Morris Co., of N. Y. City, advertising the late Tom Reed's "Modern Eloquence," a 15 volume work containing all the great addresses and after-dinner speeches of modern times. The advertisements of these new advertisers are all found in this number, and we especially call the attention of our readers to them.

We also desire to say a good word for our other advertisers, many of whom have been with us a great many years. We particularly mention the well known houses of Parke, Davis & Co., of Detroit, manufacturers of biological products and a general line of high class pharmaceutical specialties; Fairchild Bros. & Foster, of New York City, manufacturers of Pepsin and other digestive agents; Mr. Fellows, of Hypophosphite fame; the Antikamnia Chemical Co.; the M. J. Breitenbach Co., agents for the well known Gude's Peptomangan; the Purdue Frederick Co., manufacturers of Gray's Glycerine tonic; the Rio Chemical Co., manufacturers of the nerve tonic Celerina; the Od Chemical Co., of New York City, advertising Sanmetto for genito-urinary diseases; Battle & Co., of St. Louis, advertising Bromidia, Papine, Iodia and Echthol; T. B. Wheeler, of Montreal, advertising Wheeler's Phosphates; the Chas. N. Crittenton Co., advertising Hydrolin; Martin H. Smith Co., advertising Glyco-Heroine; the Bovinine Co., advertising Bovinine; and the Denver Chemical Manufacturing Co., advertising Antiphlogistine.

We are also pleased to call the attention of our readers to the announcements of some of our local advertisers, particularly Dr. Derbyshire's Maternity Home; Mr. Will's desire to manufacture Orthopedic Apparatus to order; the Physicians' Defense Co., issuing a contract to defend suits for malpractice; the Berghoff Brewing Co., advertising their Dortmunder tonic, and the Fletcher and Sterne sanitoriums at Indianapolis.

These advertisers are all reputable firms and worthy of confidence. We speak a good word for each and every one of them, and respectfully ask our readers to give them favorable consideration when possible.

A. E. B.



## ORIGINAL ARTICLES

No paper published or to be published elsewhere as original will be accepted in this department.

### *The Use of Inhalers in Treating Diseases of the Respiratory Organs.\**

By George W. Spohn, M. D.,  
Elkhart, Ind.

One of the most important processes carried on in the system is to supply oxygen and carry off waste. It matters not where the combustion is, or what it is, oxygen is the essential element. That a fire will not smoulder, but burn with a vim, it is essential to remove the debris. Upon this depends health and the ability to overcome disease. If the supply of oxygen is inadequate, or if the organs of respiration are diseased, then there is not enough oxygen supplied to the blood to carry on metabolic changes. If the carbon dioxide is not properly liberated, disease will result, the vitality will be very much lowered, or at least distressing symptoms will appear. If the system is weakened from disease, restoration often depends upon the supply of oxygen, and proper hygienic care. The oxygenization of the blood, and the elimination of toxic elements are the pegs upon which a physician can hang his prognosis, especially so in diseases of the respiratory organs.

The respiratory mucous membrane extends from the anterior nares to the alveoli. Internal medication is the treatment generally prescribed for all respiratory affections. Specialists are using local treatments in diseases of the nose, pharynx and larynx with success. Diseases of the air tubes and lungs are considered beyond their domain. But why so few general physicians employ local treatments is difficult to understand. The profession may lack in knowledge in the use of inhalers. In fact, but little is written upon the subject, and comparatively few teach the use and the proper place of inhalers in medicine.

If local treatment is beneficial in nasal and laryngeal troubles, then it is also useful in bronchial diseases. There is no medicine, given internally, that affects the mucous membrane of the air tubes, and not the mucous membranes of the rest of the system.

\*Read before the Northern Tri-State Medical Association at Butler, Ind., Jan., 20, 1903



An opiate, or any of its alkaloids, may quiet a cough; but it will also quiet the peristaltic action of the intestines, and lock up the secretions of the system generally. In conjunctivitis, a warm boric acid solution is applied to the eyes. It would be folly to administer it internally. This is true of all mucous membranes. Laryngitis, tracheitis and bronchitis can be successfully treated with local treatments. The objection to inhalations is the disagreeableness to the patient, and its inconvenience to the physician.

The market affords a variety of useful instruments or appliances for inhalations, such as atomizers, vaporizers, hot air, compressed air and oxygen inhalers. Atomizers break the fluid into small particles, and are useful in treating the nose, pharynx and larynx. The treatment administered properly is non-irritating. It is soothing and stimulating. The medicines should be mild and pleasant, and given under a low air pressure. The parts treated should be thoroughly cleansed with a mild antiseptic spray. When dry, there should be an application of the medicine needed with a cotton applicator. This should be followed with an oil spray. The greater the specific gravity of the oil the better, as it forms a denser coating to the mucous membrane, thus protecting it from irritants in the air. It also affords Nature an opportunity to repair the diseased conditions under the coating of antiseptic oil.

The vaporizer breaks the liquid into a vapor. It is beneficial in all diseases of the respiratory mucous membrane. To vaporize well, the medicine should have a heavy base, such as a petroleum oil, sterilized. Success depends upon the duration, regularity, and the perseverance of the patient. A few minutes inhalation in a physician's office is of but little benefit. The patient should be equipped with a good inhaler, either atomizer or vaporizer, whichever is indicated, so that he can use it at home. It should be used carefully and under the direction of a physician. There is more danger in over-treatment than not enough. The proper use will yield results that will surprise the chronic catarrhal patient.

Inflamed mucous membranes are divided into the stages of hyperaemia and relaxation. During the former stage, when there is a dry and irritated condition, the vaporizer is most excellent. During the second stage, when the membranes become relaxed, when the serum and the leucocytes pass out freely to the surface, and the expectoration is profuse, the hot air inhalation is indicated. The best results are attained by giving the hot air, or vapor under pressure, at as high a temperature as the patient can endure. The



small electric heater is an ideal way of furnishing heat for a hot air inhaler. It should be so arranged that compressed air passes over the heated wires. The hot air can be had at any temperature desired. Hot vapor or hot spray is very beneficial to overcome inflammations.

To have compressed medicated air it is necessary to have a tank of air, at a pressure from twenty to thirty pounds, connected to strong glass jars containing medicated petroleum oil. Through a valve the patient allows the compressed air from the tank to pass through the medicated oils in the jars, and thence through tubing to the mouth and lungs. The success attained in this form of inhalers is in a measure due to the mechanical action of the compressed air. The normal pressure of air in the bronchioles and alveoli is nearly fifteen pounds to the square inch. In a person having a lung capacity of twenty-five cubic inches of tidal air, and one hundred cubic inches of complimentary air, there can be compressed into the lungs an additional twenty-five to fifty cubic inches of air without any discomfort. This can be demonstrated by a person inhaling all that is possible with the muscles of the thorax, and then allow the air to be compressed into the lungs from an air tank at a pressure of about twenty-five to thirty pounds. If the mouth is immediately transferred to a spirometer it is found that the person can displace from twenty-five to fifty cubic inches more than he could before the compression of air into the lungs. The surplus air forced into the lungs will cause a dilation of the bronchioles and air vesicles. This causes more oxygen to pass to the blood, and more carbon dioxide to pass to the air. Osmosis in the lungs is supposed to be carried on by the diffusion of gases. This is enhanced by compressed air. A patient not acquainted with this mode of treatment will hesitate to use it, unless he is told that the lips will act as a safety-valve, and no harm can come therefrom.

A large portion of the routine coughs coming to a physician's office can be cured with the compressed air treatment. Besides, the patient should be instructed to practice deep breathing at home. There is but very little occasion for a person to cough at any time. Three or more deep inhalations in succession through the nose, each time holding the breath as long as possible, and exhaling quickly through the mouth, will stop the desire for cough in most cases. The simplicity of this process should recommend it. One who has never practiced it can not appreciate its merits. Cough-



ing is a symptom, and not a disease. It is generally due to some irritant upon the surface of the air tubes. If caused by a diseased heart, stomach, ear, tooth, or any reflex condition, it is not so easily stopped. The coughing center is in the medulla oblongata, above the respiratory center. Very deep inhalations, repeated, or the compression of air into the lungs, has a satisfying effect upon the cough center. It acts as a paralyzer or relaxant of the small sphincters of the alveoli, because asthmatic patients are relieved immediately after compressing air into the lungs. It causes relaxation quicker than belladonna, stramonium, or any internal medicine. Holding the air in the lungs as long as possible after deep inhalations, the bronchioles and air vesicles become very much distended; the mucous membrane of the air passages are bathed with a moisture, so that the desire for cough disappears. The compression of air into the lungs is not depressing, as internal medicines are; but it is soothing and quieting to the nervous system. It gives one a restful, satisfying sensation, and a clear intellect. When tired and exhausted, compressed medicated air into the lungs will tone up the system far better than an internal stimulant. It gives a patient vigor and energy. It is a tonic, a sudorific.

The following are a few cases that were treated with compressed medicated air:

Case I. Aet 19, tubercular history. He had haemoptysis at divers times for two years. Had cough, night sweats, fever, accelerated pulse, with a dullness over apex of right lung. The haemorrhages were so frequent that a former physician suggested that he carry salt and ergot with him constantly. He began using compressed air once daily, and in ten days the hemorrhages ceased. He continued the treatment for thirty days. Two years later he returned, and reported that he had been free of hemorrhages.

Case II. Aet 25, had three sisters die of haemoptysis. Had hemorrhages at divers times for a year; cough, sweats, fever, increased cardiac action, with general tubercular symptoms. She began treatments fifteen months ago, and continued for sixty days. Has had no hemorrhages since, and but little cough. Tubercular patients waste much of their strength by excessive coughing. This is unnecessary. If patients are taught how to breathe, with proper inhalation, they can reduce their coughs from one-half to three-fourths.



Case III, Aet 18, family history good, not tubercular. Haemoptysis, traumatic,  $1\frac{1}{2}$  years ago. Followed with repeated hemorrhages, cough, sweats, fever, general anaemia and extreme emaciation. She used the inhalations fifteen months ago, and continued daily for thirty days. She has had no hemorrhages since.

Compressed medicated air stopped the haemoptysis in every case upon which it was tried. Some were entirely cured. The inhalation, no doubt, causes a clot to form in the broken blood vessel, because it stops the bleeding in so short a time. It also stimulates the nerve supply, and strengthens the blood vessels, thus preventing the apoplectic seizures. Excessive coughing often causes hemorrhages, not only in the lungs, but also in other parts of the body. Coughing is a violent expulsion of air from the lungs. It is a nerve-destroying and exhausting symptom. The patient with a racking, uncontrollable cough suffers as much as he who has the hiccough, both of which can be controlled, and generally entirely stopped, with proper deep breathing, or inhalations.

The idea that a cough is necessary to throw impurities from the system is on a par with the idea that furuncles and carbuncles are essential to cleanse the blood. Nature will take care of all expectorations in bronchorrhoea, pneumonia, tuberculosis, or any respiratory disease. As the laity put it, it is preferable to have a cough loose. This is true, but the more a patient coughs, the more violent the explosions, the tighter the cough gets. Julius Weiss says: "When a person coughs hard once every fifteen minutes for ten hours consecutively, 250 calorics are produced. This is indeed a respectable force, and it is on account of this that patients become so weak from coughing."

In pneumonia, bronchitis, or any disease of the lungs, there should be rest; not cessation, or even lowered respiration, but physiological rest, which includes proper inhalation and exhalation. Every cough jerks the lungs, and irritates a diseased part that should have quietness. A tenacious expectoration causes a harassing and almost constant cough. As stated before, deep inhalations stop the desire for cough. When the lungs are at rest, or during deep inhalations there is relaxation, then a serous fluid is thrown out upon the mucous membrane that causes the sputum to lose its tenacity. Nature can then expel it without any special effort.

Pertussis is a contagious disease, and is recognized by some



writers as self-limited. The complications in this dreaded disease are due to the paroxysmal cough. Stop this, and the disease will be shorn of its dangers. The spasmodic contraction of the larynx causes the whooping. The laryngeal vertigo of the child is due to lack of oxygen and retention of carbon dioxide. In the treatment of pertussis the child should be taught how to take deep inhalations, as previously described. For those that cannot be controlled in this way, inhalation of oxygen for ten minutes every four hours should be given. The small per cent. that cannot be controlled by the above methods will obtain relief from a local anaesthetic spray every three hours.

The inhalation of oxygen has the advantage of supplying a deficiency in the blood that is needed in most diseases. Oxygen inhalers are so simple that almost any uneducated patient can manipulate them. Being inexpensive they are in reach of poor people, among whom are found many diseases of the respiratory organs. The Oakland inhaler, and the Oakland per oxide of hydrogen, contain full directions. The trouble lies not in the inhaler, or the cost of the remedy, but in the physician. Very few have investigated the merits of oxygen in the treatment of disease. Those who have investigated the subject from a scientific standpoint, and have practiced the treatment in many cases, have been surprised with their successes.

Oxygen under pressure is desirable in those cases that are unable to take deep inhalations. But if the patient has the strength, or can be taught deep breathing, the simple Oakland inhaler is preferable. This form of inhaler will exercise all the muscles of the thorax.

Besides the benefits derived from the oxygen, there is a mechanical action upon the bronchioles and air vesicles that is a stimulus to the circulation. There is more carbon dioxide thrown into the blood during disease than in health. Only a limited amount of oxygen is needed in the system. The blood becomes saturated at 23 per cent. and beyond this none is utilized. It is absolutely necessary that the waste of the system is carried away. The blood is the only avenue by which it can be carried to the emunctories, hence the importance of good circulation.

The following are cases that were treated with oxygen inhalations:

Case I. Mrs. D. Aet 85, had bronchitis, with a slight dullness over left apex. Coughed almost constantly; temperature 104,



pulse 130. Prescribed the usual remedies for seven days, with but little success. Though well fed, she grew extremely weak; symptoms were bad, as they often are in the aged at this stage. At this time the temperature was 103, and the pulse was 120, weak irregular and compressible, with frequent attacks of vertigo. Strychnine, ammonia compounds, guiacol, etc., were given in full doses, yet the prognosis was growing more unfavorable. On the eighth day oxygen inhalations were prescribed for ten minutes every four hours. She was also taught deep inhalations as much as possible. Following the first treatment the temperature dropped from 103 to 102½; the pulse from 120 to 110, and became stronger and regular. There was a perceptible difference in the pulse and temperature before and after each treatment. The inhalations were continued for three weeks with complete recovery.

Case II. Aet. 13, had a chill, followed with a temperature of 105½, pulse 140, and extreme pain. A small area over left lower lobe was involved. The ordinary medicines were prescribed for pneumonia; the thorax was encased in a cotton jacket, and water was employed for the reduction of the fever. She was fed on concentrated liquid foods, and all the emunctories were kept open and active. At the end of four days the symptoms were worse, which made the prognosis discouraging. Oxygen was prescribed, and every treatment showed a gain as in the previous case. After using the inhaler for three days there was such a rapid improvement in the case that the nurse was instructed to make a record before and after each inhalation. This is the record for two days in succession: 1 a. m., temp. before using inhaler 101 4-5; after, 101; pulse, before using, 108, after, 104. At 5 p. m., temp. 105 3-5, after using the inhaler 101 1-5; pulse before, 116, after 110. At 7 p. m., temp. 102 1-5, after using, 102 1-5; pulse 116, after, 108. At 9 p. m., temp. 101 2-5, after using, 100 2-5; pulse 114, after, 104. At 1 a. m. the following day, temp. 99 3-5; after using, 99. pulse 104, after 100. At 5 a. m., temp. 99; after using, 99; pulse 99, after 98. At 9:30 a. m. temp. 98½, after 98; pulse 99, after 98. At 1 p. m., temp. 98½, after 98½; pulse strong and full. At 5 p. m., temp. 98½, after 98½; pulse 80, after using inhaler 88.

Case III. Aet 40, pneumonia. following typhoid fever. Temperature from 103¾ to 106 for sixteen days. Pulse from 120 to 150, weak and wiry. A consultation of four physicians pronounced the prognosis as very unfavorable. Oxygen was pre-



scribed, and following the third treatment of fifteen minutes duration the temperature dropped  $1\frac{1}{2}$  degrees. The pulse was lowered 15, and became regular and much stronger. The patient improved on oxygen inhalations, but resolution did not take place. Septic symptoms appeared, and he was put on the compressed air inhaler. The pressure from 30 to 50 pounds was passed through an oil, with creosote and eucalyptol, into the lungs. This produced a dilation of the air tubes, stimulated the nerve supply, and stopped the intercostal pains. Resolution was established, and expectoration was so profuse that it required a constant attendant to remove the sputa. Both inhalers were employed daily; the oxygen for ten minutes every four hours, and the compressed medicated air, three to five deep inhalations, each morning and evening. He made a good recovery.

It was noticeable not only in this case, but in many others, that the compressed air inhaler stopped the intercostal pains. It will give relief to an intercostal neuritis of any form. It is a question whether intercostal pains are not due to shallow breathing, thus causing a cramped position of the nerves. Very deep inhalation forces the walls of the thorax out, and stretches the nerves; that is, it puts them into a physiological position.

It has been observed that the inhalation of oxygen will reduce the temperature and the pulse. The heart becomes stronger and more regular. It was also noticeable in these cases, when the temperature was normal the pulse was increased after inhalations.

Normal arterial blood contains 21.6 per cent. of oxygen. It is claimed by experimenters that this is more than is needed by the tissues for metabolic processes. During health, if the blood contains the normal amount of oxygen there is no advantage of inhaling oxygen, unless it is for the mechanical action upon the organs of respiration. But if there is an extensive venous condition of the system, as in diseases of the respiratory and cardiac organs, the inhalation of oxygen is beneficial. Physiologists tell us that when the arterial blood is oxygenated above the normal point, that it will take up nearly four times as much carbon dioxide as it ordinarily contains. During disease there is more combustion carried on in the system. More oxygen is needed, and more carbon dioxide is thrown off. The inhalation of oxygen is giving Nature a supply that is essential to overcome disease. Under ordinary conditions the supply from the air is not sufficient to meet Nature's demands.



The preferable treatment is the one that gives the best and quickest results. Medicines are essential when needed, but are all wrong when not needed. Even if inhalations do not improve the condition of a patient no injury can come from their use, but much injury can result from internal medicines.

There is a normal point in animal life, where all the organs and parts of the system are physiological. Any organ that is not physiological is diseased. Any deviation from the normal standard means disease. The tendency of Nature is to remain at the physiological point. If Nature is allowed to do her own work, that is if there is no interference with unnecessary internal medicine, she will often overcome disease. Nature cures herself. Medicines that she can utilize assist her to regain her normal standard. Nature wants a goodly supply of chemicals in her laboratories. In health she needs no assistance. In disease she needs support but not obstruction. When the organs of respiration are diseased, there should be assistance that will bring the organs to their normal function. The natural supply of oxygen as it is found in the ordinary sick room is inadequate. The artificial supply of oxygen can only be had by the use of inhalers. When the organs of respiration are diseased, inhalations are physiological and effective to restore them to their normal standard.

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### ***Trichloracetic Acid Treatment of Infective Ulcers of the Cornea.***

By Albert E. Bulson, Jr., B. S. M. D.

Professor of Ophthalmology in the Fort Wayne College of Medicine,  
Fort Wayne, Ind

Infective ulcers of the cornea (purulent keratitis) are always serious. They usually result from injury to the cornea from a foreign body, with the introduction of infection at or subsequent to the time of injury. Occasionally the most trifling injury to the cornea, as that from a cinder, is all that is required in those whose nutrition is depressed to terminate, through introduction of infection, in a purulent form of corneal ulceration. Perforation of the cornea, with attending introduction of infection and formation of pus in the anterior chamber of the eye is a common complication, and not infrequently the purulent inflammation extends to all intraocular structures (panophthalmitis) and ends in total loss of sight and eventually a shrunken globe.

Treatment must be heroic if the process is to be checked. The application of caustics, the use of the galvano-cautery, and



scraping the ulcerated area with a curette are among the means generally advocated for checking the infective process. The writer has had success in the use of the galvano-cautery, and in curettage followed by applications of pure carbolic acid to the affected area. The report of Dr. Fox on the use of trichloroacetic acid in the treatment of purulent ulcers of the cornea (*Medical Bulletin*, April 1902) led to the employment of that form of treatment in two recent cases, and the results seem sufficiently interesting to warrant report:

Case I. A. G., 20 years of age, presented himself at my office Sept. 25, 1902, with a history of having injured his left eye with a corn husk five days before. For two days the pain in and around the eye had been so severe that rest was out of the question. Examination disclosed an exquisitely sensitive and decidedly congested eyeball, the cornea of which presented an area of yellowish infiltration in the lower quadrant, centrally excavated and perforated. The anterior chamber was about one-third full of pus, and vision reduced to perception of light only. An unfavorable prognosis was given. By paracentesis of the cornea in its lower portion most of the pus in the anterior chamber was evacuated. Following this the infected area of the cornea was carefully cauterized with a 20 per cent. solution of trichloroacetic acid. Notwithstanding previous anesthetization with cocaine the pain for a few minutes was very severe. A strong solution of atropine was instilled and patient instructed to use hot 1 to 8,000 bichloride douches and applications. Twenty-four hours later the eye was free from pain, the purulency had entirely disappeared from the ulcer, and the hypopyon had practically disappeared. Recovery from that time was uneventful and but for the leucoma (an inevitable result) the eye is fairly normal, and possesses useful vision. (20-50 six weeks after coming under treatment.)

Case II. P. T., age 56, came under my care November 30, 1902, for treatment of right eye, injured by tenpenny nail flying from hammer. Upon examination the eyeball was found congested and painful to touch. In the lower third of the cornea a perforated purulent ulcer existed, with extensive infiltration of surrounding corneal tissue. Anterior chamber one-fourth full of pus and iris prolapsed through corneal opening. Vision reduced to perception of bright light only.

Gentle efforts at reposition with a probe resulted in a reduction of the prolapse but not in preventing anterior synechiae sub-



sequently. Following cocainization a 20 per cent. solution of trichloroacetic acid was carefully applied to the infected area of cornea and the patient put to bed. Compress bandage and heat as subsequent treatment. Thirty-six hours later every evidence of purulency had entirely disappeared. Patient made an uneventful recovery and six weeks after injury had vision 20-40. The lower third of cornea presents quite a large opacity, and the iris is slightly adherent to the cicatrix marking site of perforation, the patient not consenting to release of the latter by operation.

The experience in these two cases leads me to believe that in purulent ulcerations of the cornea, no matter what the character of infection, treatment with trichloroacetic acid is superior to treatment with pure carbolic acid or any other caustic the use of which the writer is familiar with, much safer than cauterization with the galvano-cautery, and more efficient than curettage.—*Ophthalmic Record*, February, 1903.

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### ***The Therapeutic Value of Radiant Matter and Vibratory Force.***

By A. P. Buchman, A. M., M. D.

Professor of Diseases of the Digestive System in the Fort Wayne College of Medicine,  
Fort Wayne, Ind.

Radiant matter and vibratory force are the twin dynamics that are destined to work a revolution in the therapeutics of chronic nutritional diseases.

The test of a theory in therapeutics is its application in the treatment of diseased conditions, and the sequences of its relation to other facts and theories. Whenever we attempt to make a very wide group of facts apply to a given theory we discover that it is not quite satisfactory in all cases. As it approaches this condition the theory gives place to a recognized law. When a very wide range of pathologic phenomena will yield to a given method of treatment or therapeutic application, the rational inference is that with reasonable certainty, we are operating with a *law of cure*.

As briefly as possible I will outline a method that has given results in accordance with the above formula. It consists in the combined use of thermo-therapy, ozone, high frequency electric currents, electric and hand massage, tissue oscillation and photo-therapy. This taken with correct dietary and scientifically selected drug medication makes up that which, at first blush, looks like a cumbersome therapeutic measure, yet when taken separate-



ly and carefully analyzed all its complications readily arrange themselves into a coherent whole, each process fitting into its fellow so nicely and accurately as to render all as one.

The thermo-therapeutic apparatus consists of a cabinet in which the patient is placed in proximal relation with incandescent electric bulbs so that a light and heat bath are given simultaneously. The temperature of the cabinet is gradually raised to 120° or 150° F. Thus the patient is given a light and heat bath that closely imitates sun, light and heat. The bulbs are so fashioned as to interrupt, in a measure, the chemical ray so that there shall be no "sun burn" while in the cabinet. The air in the cabinet is saturated with ozone made by a special process. The object attained is a rarefied air filled with ozone and thus we have all the elements sought for in a high altitude without any of the inconveniences.

As soon as the patient prespires freely he is given a current of high frequency electricity derived from a Tesla high frequency oscillator. This is a mono-polar current given through a vacuum electrode. It furnishes the electric *ions* or *corpuscles* which, according to the latest advance in electric science, is a much finer particle of matter than the chemical unit. The measurement is such that if the radiant matter consists of corpuscles or particles, each of them carries a charge of one electron. The electrons are negative; positive electricity is only known in association with masses as large as atoms. The current given by this method is wholly composed of the negative ions, they finding their mates in the positive ions in association with the chemical elements of the body. This is now at once a universal and effective stimulus for life phenomena. It is a known fact that physiological processes and the properties of tissues can be altered by artificially changing the proportion of electric ions. Ozone (purified oxygen) is carried with the current, thus furnishing an effective oxidizing agent by which much extraneous matter lodged in diseased organs and structures is oxidized and cast into channels which carry the residue out of the body.

In the photo-therapeutic appliance I use the different colored rays, as the demands of the case indicate. Red rays have a great penetrative power and a regulatory action on the circulation. It is with these rays that we are able to disburse local congestions. I have found them especially advantageous in the cord congestions of neurasthenics, in congestion of the female generative organs,



more especially in ovarian congestions. An increase of appetite and a general toning up of digestion and nutrition always follows their use. The vibrations of the red rays are very slow.

The magneto-electric effect of the blue rays are at once soothing, sedative and seem to reach the vital center of every cell in the body and infuse new life into it. They restore harmony, assure vital equilibrium and increase normal physiological functions.

This combination in a single method of treatment, applied in successive stages, is somewhat unique, and, as I hope to demonstrate in the recital of cases treated, is thoroughly effective. However, the combination is carried further by the application of tissue oscillation, hand and electric massage. I find that rapid tissue oscillation, by mechanical means, will set in motion, along physiological lines, the functions of an organ that for a long time have been away below the normal. In chronic constipation it is far and away the most effective agent I have ever used. The patient is thus given the advantage of every modern appliance that is known to have a therapeutic valuation, all of which must be under the immediate and absolute control of the operator. It must be delicately adjusted to the requirements of each individual patient, so that one more sensitive than another will be given the dosage so modified as to be therapeutic and no more. This is imperative.

A word as to the path of travel of this special electric current. Ether, the tenuous matter that separates molecules and atoms in every physical structure, is the inter-atomic and inter-molecular path by which the refined current is able to reach the cell structure and add tonicity and vigor to the minute physiology of its mechanism. Not directly from the ether to the cell, as might be readily imagined, but from the ether to the colloidal material in the lymph and blood streams. All problems of nutrition relate directly to the formation of these living colloids and their transformation into tissue in the process of growth and repair. The new energy thus passes from medium to medium, reaching its destination fully equipped with constructive and re-constructive material.

The principal effect of heat is to bring about a molecular separation, to enlarge the intermolecular and inter-atomic spaces so that toxins and all other cell clogging material will be afforded a means of escape. At the same time the current is unimpeded and travels through these interspaces freely, supplying popularity where the same is out of adjustment in molecule and atom, and,



with the ozone, which chemically renders the cell impediments into carbonic acid and water, or if not into carbonic acid and water then into some other harmless product, a sort of clearing-house process is carried out, the general effect of which is apparent to any one.

With a properly and scientifically regulated dietary, the chemistry of which is selected with reference to the digestive and assimilative ability of the patient, from time to time, as the case progresses, we are warranted in bringing to the profession a history of some of the cases that have been treated by this method and have been either cured or greatly benefited.

Case (1.) *Chronic Rheumatic Arthritis*. The swelling and deformity was confined to the right knee and ankle. The joints were enormously swollen and very painful, and the patient had been on crutches for a number of months. At the end of one month's constant and daily treatment the swelling and deformity had entirely disappeared, the pain relieved, and the patient was able to walk and use the leg without the aid of crutches. A recent letter from him says that there has been no return of the pain or swelling. This a little over four months after treatment.

Case (2.) *Nurasthenia*. A teacher of languages in a neighboring city high school found himself gradually declining in physical strength and endurance, became sleepless and mentally irritable, food was not digesting, constipation followed, anemia pronounced, haemo-globin estimate 60 per cent. red cells 3,000,000, number of leucocytes 26,000 (?), red cells of degeneration quite marked. Sixteen consecutive treatments so far restored him that he was able to resume his school work, and now, sixty days after the last treatment, he writes me that he is much better than at any time in the past three years, and is able to be at his work continuously without fatigue. In short he says he is practically well.

Case (3). *Progressive Atrophic Paralysis*. Affecting right arm and hand to the extent that both were utterly useless; the interosseous muscles of the hand were atrophied to such an extent that the hand was practically skeletonized, arm muscles rapidly undergoing atrophic changes. The same condition was invading the left hand and arm. The case is one of typical atrophic paralysis in which all treatment is certainly problematical. There was no physical influence brought to bear in this case, she was plainly told that very little if any hope could be extended. However, she



elected to "try the treatment" and remained under observation and treatment for sixty-five days. At the expiration of this time the left hand had gained in use so that she could tie her bonnet strings with it and could help herself in many ways. The tensile strength of the hand and arm had decidedly improved, muscles had gained in every way. She could guide the direction of the hand without the use of the eyes, i. e. the ataxia had improved very much. At this time circumstances intervened that called the patient home. I have not heard from her since and consequently am not informed as to whether the improvement is permanent.

Case (4). *Diabetes Millitus* The poly-uria and thirst in this case were extreme, weight and strength were rapidly declining. Urine, besides the sugar, contained a considerable quantity of organic acids, oxy-butyric acid about 15 grams per day. The alkalescence of the blood was diminishing and coma was threatened. It is not necessary to carry the symptomatology of this case further, as it will at once be recognized as of pancreatic origin. Three months of consecutive and continuous treatment sufficed to entirely relieve all of the above symptoms. The dietary was not that usually prescribed in such cases. I permitted daily the use of white flour bread and baked potatoes. The only restriction was to limit the amount of food to be eaten. I was proceeding upon the hypothesis that if the sugar making foods are entirely interdicted the pathologic condition will continue, the patient die, and no sugar present in the urine. This patient has now been without treatment thirty days, has practically resumed an ordinary diet and is daily gaining in flesh and strength; in short she is well so far as all evidence will show. Now whether this is to remain a cure, in fact, time alone will tell, but we know that there has been a complete arrest of all symptoms and a general movement towards the health level.

Case (5). A frail slender female, age 24, family history negative. Had an attack of pneumonia in October 1902, recovery incomplete. The lower half of the left lung was completely hepatized. Temperature 102, pulse 100, a slight hacking cough, quite anemic, digestion way below par, was losing flesh and strength daily. For the first two weeks she had to be conveyed to the office for treatment. The indications were that the hepatized lung was beginning degenerative changes that would soon have closed the incident. Thirty days of the general treatment sufficed



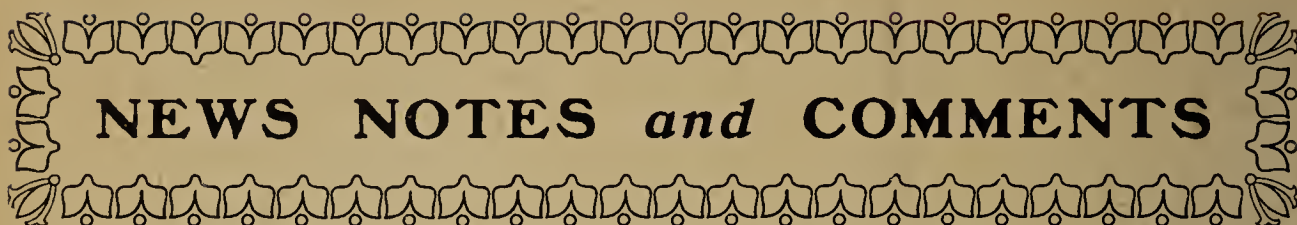
to restore the lung to almost a normal condition. The air passed easily to the finer air cells, cough entirely gone, appetite restored, digestion good, sleeps all night without waking, is gaining in flesh and strength, red corpuscles and haemoglobin normal. The case is now dismissed as having been cured.

Case (6.) This case was one of a thoroughly mixed pathology. About ten years ago she suffered from the effects of a gastro-intestinal catarrh and the absorptiod of entero-toxins that, for a time, threatened her life. She was confined to her bed for a period of four months—recovery was incomplete. For several years immediately following this attack she was nurasthenic, suffered from all sorts of nuro-pyschic conditions. Finally she was persuaded to uddergo an operation for ventral fixation. The operation was valueless, except that the enforced rest in bed as a consequence of the operation was beneficial in so far as it restored her sufficiently to make it possible for her to be about the house daily and in good weather out of doors. When she came to me she was thin and greatly emanciated. There was general abdominal ptosis (a downward dislocation of all the abdominal contents) owing to a relaxed condition of the abdominal muscles. The skin had become almost saddle colored, the face covered with chloasma, yellowish brown pigmented spots.

Treatment in this case consisted in a complete round from the cabinet to the final electric massage. At the expiration of two months the improvement was nothing short of marvelous. As the patient expressed it, "a new life had been given her." Appetite and digestion perfect, sleeps soundly, all morbid fears have vanished, takes an interest in life and all about her, in short the recovery is complete.

At this time I have a number of other cases under treatment that I shall report in the near future, feeling that there should be an interest in that which holds out something like a definite promise to a very interesting contingent in the clientele of every general practitioner. Briefly, this is the class of patients that are daily being "buncoed" by the advertising charlatan, and that by an honest effort should be reclaimed and directed into fair and legitimate channels.





## NEWS NOTES *and* COMMENTS

### ***Smallpox Unrecognized at Batesville.***

Batesville is in the northern part of Ripley county and is a flourishing manufacturing town. A large proportion of the population is German. Smallpox in mild form has existed at this place for probably two years. A well known physician remarked to the writer that he had seen patients with the disease on the streets very frequently. He further said: "It is a rare day when you can not see some one riding in from the country who has smallpox. I saw two men broken out with the disease on a load of hay very recently. Health officer Dr. Gibson has done his best to fight the disease, but the people were not alarmed and he found himself almost unable to enforce the health law and the rules. I presume it is at Batesville as everywhere else, necessary that deaths should appear before the people will arouse." This element in human nature is very interesting, we might perhaps say queer. Here at Indianapolis the people and the council would not vaccinate and very little indeed was done until the deaths reached such a number as to cause alarm. No warning of the health department received any notice; indeed, our warnings were simply ridiculed. It took death to bring the people to a realization of the conditions. We have been informed by citizens of Batesville that most physicians of the town declare the disease is not smallpox. This has occurred at every point in the State, and it simply arouses the regret that so many physicians are in practice who are incompetent to diagnose variola. What an admirable thing it would be if it were possible to vaccinate physicians with diagnostic knowledge, like it is possible to vaccinate people against smallpox.—*Bulletin Indiana State Board of Health.*

### ***Women Drinking More.***

The observations carefully made during the past twenty years convince me that women, respectable women are drinking more and more each year, and decent, successful men are drinking less, in fact, men in all the ranks of life are, and have been from year to year, been drinking less.

The higher up we go in the social scale the more we will find



the women drinking, and the exclusive set, the "four hundred" in every city in America, has deteriorated distressingly in recent years along the lines of self-indulgence. Many of the nervous wrecks, the physical bankrupts among the higher class of women are so largely from the result of stimulants injudiciously used.

The emotional centres of women are easily disturbed and all forms of stimulants are objectionable. Many of the liberally advertised "favorite prescriptions," tonics, female regulators, liquid malts (which are nothing but sloppy beer, with an excess of alcohol) are destructive to the well-being of women in that they develop the alcohol appetite.

Strong, virile men, who live much in the open, can ill afford to drink much alcohol, but to woman it is a rank poison, a destroyer of body, mind and soul, and the hour has come for the medical profession to speak in no uncertain tones.—Dr. Love in *The Medical Mirror*.

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#### ***The Needed Element.***

Mr. Fellows, of Hyphphosphite fame, has issued a very attractive brochure entitled "The Needed Element," in which is given [some very potent suggestions regarding the treatment of many conditions actually requiring reconstructives more than any other form of treatment. Copies of the book may be obtained by addressing Mr. Fellows, 26 Christopher St., N. Y. City.

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#### ***Smallpox in Indiana.***

Smallpox in Indiana seems to be diminishing to some extent as a result of increased activity on the part of the Boards of Health, encouraged by municipal officers and the general public through alarm caused by the severity of the disease and gradually increasing death rate. The State Board of Health reports that there were 921 cases of smallpox in Indiana during January, with fifty deaths reported. The disease is the most prevalent of all diseases, and the increase was predicted by the State Board of Health after a somewhat ineffectual effort to secure more general vaccination throughout the State.

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#### ***The Oppenheimer Institute.***

In the advertising pages of this number will be found the announcement of the Oppenheimer Institute of New York City, which has recently enlarged its capacity and is now ready to meet



all demands for the treatment of alcoholic intemperance and drug-addiction. The institute is thoroughly reliable in all particulars, and is very ably managed by a board of directors and advisory directors composed of men of the highest reputation and standing in the professional and business world. The endorsements carry with them the highest recommendations, and our readers need have no hesitancy in referring their patients to such an institution.

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### ***A Paint Breakfast.***

An actual breakfast in a working-man's family in Indianapolis.

**FRIED SAUSAGE:** This sausage, like the greater proportion of sausages on the market, was colored with aniline-red and was adulterated with about 10 per cent. of flaked corn grits.

**APPLE BUTTER:** Colored with aniline-red and loaded with glucose.

**BUTTER:** Colored with azo-dye, and adulterated with water. This butter contained 27 per cent. of water; the legal standard is not to exceed 15 per cent. of water.

**COFFEE:** The coffee had been glazed with a glazing mixture composed of dextrine and starch, colored with brown aniline dye.

**BREAD:** Cheap baker's bread. Soggy, not sufficiently baked, and containing glucose and malt extract.

**POTATOES:** These were normal.

**GRAVY:** Made of flour, milk and drip from the colored and adulterated sausage.

The breakfast consisted of seven articles, of which, only one was normal. Five articles, or 71 per cent. contained artificial coloring matter. This last fact warrants the designation of a paint breakfast.—*Bulletin Indiana State Board of Health.*

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### ***Tours for Delegates to the International Medical Congress.***

Dr. Ramon Guitares, 75 W. 55th St., N. Y. City, and Dr. C. Wood Fassett, King Park Place, St. Joseph, Mo., have arranged several tours for delegates attending the 14th International Medical Congress to be held in Madrid, Spain, April 23-30, 1903. Four routes have been planned, all with an idea of giving the delegates the advantage of the best accommodations at reduced prices, and the advantage of a visit to a large number of places of interest on the continent, a traveling conductor who is thoroughly conversant with all of the languages and customs of the countries visited, accompanying each and all parties. The arrangement and management throughout is entrusted to the well known tourist agents, Thomas Cook & Son.



***Death of Dr. W. E. B. Davis of Birmingham, Ala.***

Dr. Davis was crushed to death by a train on a crossing in his own city of Birmingham on Feb. 25th. His loss will be deeply felt by the profession at large and by the southern portion in particular, for Dr. Davis occupied, and deservedly, as high a position in the ranks of surgery as any man in the South. He was perhaps best known through his work in gall-duct and liver surgery. It was he who first advised and did hepatotomy in certain cases for the relief of cholemia, and he had in course of preparation at the time of his death a work on the surgery of the liver and bile passages. Dr. Davis will be mourned no more on account of his professional worth than on account of his worth in other directions. His was a pleasing personality which made him many friends who remained steadfast because of his kindness of heart, his integrity and his earnestness. Not three days ago the writer got a letter from Dr. Davis in which he said he was looking forward to the meeting of the A. M. A. in New Orleans with pleasure. Many and many a man who attends that meeting will sadly miss the genial and cordial handshake of Dr. Davis. If to know that one does not mourn alone lightens the burdens of sorrow, and it does, then will the burden of Dr. Davis' widow be lightened, for there are many who mourn with her. M. F. P.

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***Utah's Health Day.***

A bill has been introduced in the Utah legislature setting apart the first Monday in October as a legal holiday to be known as Health Day. The Act provides that on this day all houses, public and private, must be thoroughly cleaned by the owner or lessee in a manner provided by the State Board of Health. Failure is punishable by a fine of \$50.

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***His Curious Experience.***

I have had some curious experiences in this country. Perhaps the most curious was in Chicago. The board of health there made me undergo an examination in medicine, although I think I know something about my branch of my profession. Curiously enough, some weeks later they made me a doctor of laws, although I know nothing of law.—*Dr. Lorenz, in a speech in New York.—Phil. Med. Jour.*



# **SOCIETY PROCEEDINGS**

## *The American Laryngological, Rhinological and Otological Society.*

This society is divided into three sections, known as the Middle section, Southern section and Western section. Each section has separate meetings within the geographical boundaries covered by the section, in addition to the main meetings when the sections convene together. A meeting of the Middle section is to be held at the New Denison Hotel, Indianapolis, Ind., April 8, 1903. The preliminary program is as follows:

1. Chairman's Address.....L. C. Cline, M. D. Indianapolis.
2. A Unique case of Benzold Mastoiditis—Sinus Thrombosis—Epidermal Abscess, Operation and Recovery,  
..... J. A. Stucky, M. D., Lexington.  
Discussion opened by C. R. Holmes, M. D., Cincinnati.
3. Report of a case of Pin in the Larynx and its Removal  
by an Original Method.....  
..... Otto J. Stein, M. D., Chicago.  
Discussion opened by H. W. Loeb, M. D., St. Louis.
4. Enlarged Tonsils—As a Cause of Middle Ear Trouble  
.....C. P. Linhart, M. D., Columbus  
Discussion opened by William L. Ballenger, M. D., Chicago.
5. 1st—"Incipient Cancer of the Tongue."  
2nd—"Myxfibroma of the Ear," .....  
.....M. A. Goldstein, M. D., St. Louis.
6. "Super-numerary Teeth in the Nose," .....  
.....John M. Ingersoll, M. D., Cleveland.
7. "The Facial Nerve and Abnormalities in Relation to  
Nasal Operation"....Geo. F. Keiper, M. D., LaFayette.
8. Non-Tubercular Hemorrhages from the Air Passages..  
.....L. F. Page, M. D., Indianapolis.
9. Hemorrhage into Semi-Circular Canal, with Presenta-  
tion of Case.....C. S. Means, M. D., Columbus.

L. C. CLINE,

Chairman Middle Section.



*Allen County Medical Society.*

The regular meeting of this Society was held at the assembly room of the court house, on Tuesday, Jan. 6, with twenty-two members present, the newly elected president, Dr. C. B. Stemen, in the chair. Dr. J. D. Mercer, of Williamsport, was elected to membership, and the application of Dr. E. L. Siver, now of Grand Rapids, Mich., but who expects to soon return to Fort Wayne, was received. The scientific program opened with a paper by Dr. H. A. Duemling, on "Perforation of the Intestines," which proved very interesting and instructive, and was thoroughly discussed by Drs. McOscar, McEvoy, English, Van Sweringen, Morgan, Stemen, Greenawalt and Buchman. A second paper by Dr. Luella Derbyshire on "Diagnostic Value of Pains in Ovarian Diseases," was read by the secretary, Dr. Morgan, owing to the unavoidable absence of the writer of the paper.

At the regular meeting on Tuesday evening, Jan. 20th, twenty-three members were present. The application of Dr. E. L. Siver, presented at the previous meeting, having been approved by the Board of Censors, Dr. Sivers was elected to membership. Dr. S. H. Havice reported a peculiar case of continuous pain in the eye without any demonstrable lesion. Dr. W. D. Calvin read a paper on "The Doctor as a Business Man," in which he advised physicians to make more of an effort to collect their accounts, and to see that the medical profession has a share of the general prosperity. The paper was favorably received and discussed by Drs. Porter, Bower, Havice, Whery, Crull, Barnett, Williams, Morgan and Duemling.

The regular meeting of Tuesday, Feb. 3, was very poorly attended, owing to very stormy and disagreeable weather, only thirteen being present aside from several visiting students from the medical college. This meeting was held in the coroner's office as the assembly room was otherwise occupied. Two excellent papers were read and deserved a very much larger attendance of the regular membership. Dr. J. S. Boyers, of Decatur, presented a paper on "Constipation," which was very comprehensive and ably presented. The paper was thoroughly discussed by Drs. McOscar, Calvin, Drayer, Van Sweringen, Morgan, Bulson, and Stemen. Dr. A. E. Bulson, Jr., read a paper on "Glasses and Their Adjustment," in which he pointed out the necessity for more care in examination for glasses, and the manner of properly adjusting glasses for the relief of certain diseased conditions and



symptoms from which patients frequently suffer. He gave it as his opinion that the satisfactory and proper adjustment of glasses requires in nearly all cases under forty-five years of age the complete suspension of accommodation. The paper was favorably discussed by Drs. Boyers, Sweringen, Beavers and McOscar.

At the regular meeting on Tuesday evening, Feb. 17, applications for membership were received from Drs. A. K. Hammond, and S. D. Sledd. Dr. G. B. M. Bower presented a paper on "Cystitis," which was discussed by Drs. Greenawalt, Stemen and Morgan. Dr. McCaskey showed a case of brain injury, the patient, a traveling clinic patient, having been shot through the head, the bullet entering just above the right eye-brow and passing through the brain, leaving the head just left of the occipital protuberance.

E. E. MORGAN, Sec'y.

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***The Indiana State Medical Society.***

The editor has received the following letter from the Committee on Arrangements, regarding the meeting of the Indiana State Medical Society at Richmond:

Dr. Albert E. Bulson, Jr., Fort Wayne, Ind.

My Dear Doctor Bulson:—Our plans for the State meeting, in June, have progressed in a satisfactory way, and I am pleased to announce that among other features I think you will appreciate we have secured as our speaker for the evening meeting, Dr. Hubbard Amory Hare, [of Jefferson Medical College, Philadelphia. Our place of meeting is the First Presbyterian Church, a commodious building convenient to the hotels, and possessed of excellent accoustic properties.

We contemplate as entertainment, a trolley party for the ladies in the afternoon, finishing at the Country Club for a lawn party, and after the evening meeting at the Gennett Theatre, a garden party and reception, with dancing. etc., at the Eastern Hospital for the Insane. We will trolly out there, and bad weather will not in the least interfere with the occasion. We will guarantee moonlight, music, all our pretty girls for you dancing men, and of course the usual athletic exercises afterward.

It is certain that the program will be a full one, but at this time nothing definite can be said as to that.

Very truly yours,

GEO. H. GRANT.



# MEDICAL REVIEWS

## Department of Medicine and Therapeutics

In Charge of George W. McCaskey, A. M., M. D.

Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

### *Etiology and Prophylaxis of Colds.*

The word cold is probably the most used and least understood word in modern medical practice. At this season of the year there is scarcely an ailment into whose etiology the taking of cold is not supposed to enter. Rheumatism, rhinitis, acute nephritis, tonsillitis, catarrhal choledochitis, pneumonia, gastritis, pharyngitis, pleurisy and occasionally even metritis and oophoritis are attributed to cold.

The most familiar forms of cold are those of the respiratory passages. They are not invariably due to extreme cold, or even to considerable changes of temperature. The inhabitants of the higher colder altitudes of Switzerland are much less subject to colds than their compatriots of lower levels. The best climate for most consumptives with tendencies to recurring catarrhal exacerbations is in the cold, rather rarefied air or somewhat elevated places.

There is a well grounded impression that has been gaining vogue in recent years that the cause of colds is usually some form of microbe invasion. Already most cases of tonsillitis are frankly conceded to be of a bacterial origin. Pneumonia, in the old days considered to be a cold on the chest, is now referred to the pneumococcus. Rheumatism, for so long looked on as surely due to dampness and exposure, seems now to be definitely established as an acute infectious disease. There are other reasons for thinking colds due to invading bacteria. Tyndall pointed out over twenty years ago that the higher regions of Switzerland are practically free from microbes. Hence the absence of catarrhal affections in the Alps. The New York Board of Health in a recent bulletin announced that while there are many thousands of bacteria present in a cubic foot of air in the crowded tenement house districts of the lower East Side, there are but few scattered microorganisms in the same quantity of air from the wealthy, sparsely-populated residential quarter between 60th and 70th Streets east of Fifth Avenue. It is well recognized that inflammatory processes



of mucous membranes are much more frequent among the poor than among the well-to-do, and this rarity of microbic flora in the air they breathe is at least one of the factors that accounts for the lesser incidence of colds.

It seems, then, that the direct exciting cause of colds is not simply exposure to cold drafts, but to micro-laden air. External cold, by disturbing circulatory conditions, especially by inducing congestion, is a predisposing cause. Head pointed out that counter irritation of certain parts of the skin produces sympathetic nervous and circulatory conditions in underlying organs. This vasomotor interference undoubtedly has its effect in preparing the soil for bacteria. Local ischemia lowers resistive vitality. The prophylaxis of colds, then, consists in the avoidance of impure air, as well as the avoidance of exposure. In a word, the etiology of a cold is not some mysterious disturbance of health due to weather conditions, but nearly always an acute infection, often somewhat contagious, and its prophylaxis will be best assured by a study of the conditions of lowered resistance under which infection usually takes place.—*Jour. A. M. A.*

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#### ***Alcoholic Epilepsy.***

In *The Jour. A. M. A.*, December 13, 1902, Crothers, in an article on this subject, says: "The diagnosis in these cases is usually not difficult. While the general toxic states are alike, differing only in minor particulars, there are sometimes very striking variations which have apparent connection with causes that are known. It is evident that the patient who drinks quantities of mixed alcohols and develops epileptoid symptoms is suffering from some form of toxic concussion, manifested in this way.

In other instances, the accumulation of toxins, formed both within and without the body, concentrate on the nerve centers, producing explosive symptoms. The masked cases are always difficult to determine except from a careful study of the habits and surroundings of the patient. The sudden onset of strange, unusual symptoms suggest epileptoid conditions. The excessive use of spirits preceding the paroxysm or fit are always significant of this condition. In a recent case under my observation, a moderate drinker after two glasses of champagne became delirious, maniacal, and while walking to his room had a distinct convulsion.



This was the culmination of a long premonitory period in which the toxic symptoms showed the tendency to take on this form.

The prognosis is always grave and unless the alcohol is removed at once the prospect of intercurrent disease or death or pronounced epileptic symptoms are very serious.

In the treatment, total abstinence from all spirit compounds with brisk elimination, restricted diet, nerve and brain rest continued for a long time give the only hope of restoration. Often a radical change of business and surroundings is most essential for successful treatment.

Some of the facts I wish to make prominent are:

1. Alcoholic epilepsy is increasing rapidly in this country.
2. It is a psychosis and neurosis which should be recognized, having distinct symptoms, the recognition of which is imperative in the treatment.
3. Where the toxic symptoms are convulsive and explosive come on suddenly the future of the case is very ominous and the warnings from these symptoms should be heeded.
4. The connection between mixed drinks and these spasmodic symptoms are traceable and should be considered in the prognosis and treatment.
5. The treatment and curability of these cases can be carried on with great hopefulness, and undoubtedly in the future will become a prominent part of the work.

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***The Relation Between Pernicious Anaemia and Achylia Gastrica.***

In view of the fact that pernicious anaemia has long been understood to be a primary disease, the article on this subject by H. Adler in *Amer. Med.*, Nov. 15, 1902, should be read with interest. He closes the article as follows:

“Additional evidence of the toxic nature of this disease is furnished by the clinical features: (1) The fever; (2) the changes in the spinal cord, and (3) the occurrence of ptomaines in the urine.

1. Fever in this disease is usual, and is rarely entirely absent. In many cases it occurs in a paroxysmal manner. The marked rises in temperature are associated with a marked reduction in number of red blood-cells and with an exacerbation in the symptoms pointing unmistakably to a constitutional cause, such as toxæmia.

2. The spinal cord changes are worthy of special note. In



1887 Lichtenheim first called attention to the marked coincidence of degenerative processes in the cord with pernicious anaemia. In not a single case of this disease did he find the cord normal. In some cases there were scattered miliary lesions resulting, probably, from previous hemorrhage. In others there existed extensive and severe degenerative processes in all parts of the cord. He considered these changes to be due to a toxic process. Minnich believes also in the toxic theory, since the intensity of the spinal symptoms do not run parallel with the degree of anemia, and at times occur early in the disease. Additional evidence is furnished by the absence of these cord changes in the severe secondary anaemia of malignant growths. The close association of pernicious anaemia with cord degeneration, and the fact that one is not the cause of the other suggests the existence of some common cause. It is now the accepted belief of most neurologists that toxins circulating in the blood reach the cord and exert their deleterious influence in the nervous matter neighboring the blood vessels.

3. The study of the urine furnishes valuable data. Hunter has been able to isolate two ptomains from the urine in pernicious anaemia: putrescin and cadaverin. The ptomains are not found in the urine of healthy individuals; nor do they occur as the result of increased putrefaction in the digestive tract. Their presence is indicative of a special toxæmia. The evidence of the toxic nature of this disease is, I think, incontestible; certainly there is no other theory by which the various phenomena can be explained satisfactorily.

To sum up: We have to deal with a toxic process, the stress of the action of the poison or poisons being exerted upon the blood and cord. The resulting hemolysis is confined chiefly to the portal area. The gastric atrophy is regarded by almost all authorities as the primary condition. The gastric atrophy presents, then, the conditions favorable to the elaboration and absorption of the toxins, the atrophy in the stomach acting, in other words, as a predisposing cause. We are, I think, to look upon the anaemia of pernicious anaemia as but a symptom, but from the marked alteration which the blood undergoes, and the vital effects thereof, it is the most important symptom of the disease to which our therapy for the present must be directed."



## DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.  
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

### *Operative Treatment of Diffuse Peritonitis.*

On several occasions the writer has said that operation offers the only hope in cases of diffuse purulent peritonitis, and quite as often he has met with the reply, from men of wide operative experience, that all cases of general purulent peritonitis died whether operated on or not. This he knows from his own personal experience to be untrue. In the hope that more operators will operate on these seemingly hopeless cases and thus give them the only chance they have to get well the following abstract (*Jour. A. M. A.* Jan. 31, 1902) from the *Beitrag zur Klin. Chir. Tübingen*, is reproduced:

“Beck reports the particulars of 100 cases on which he has operated. Appendicitis was the cause in 66. Out of the total of 54 who recovered, the stomach had been perforated in 3, the duodenum in 1, the gall-bladder in 1, the intestines torn in 2 and the bladder in 1. The perforation had been in the appendix in the others. He found the bacterium coli in 81 cases, the typhoid bacillus in 2, streptococci in 10, staphylococci in 6 and the pneumococcus in 1. In 58 the Douglass pouch could be palpated through the rectum as a painful, hard protuberance. After incision and evacuation of the peritoneal effusion by changing the position of the body, he seeks for the primary focus and then carefully dries the peritoneal cavity. He then inserts a drain under the liver and strips of gauze in the Douglas, hypogastrium, lumbar region, above and below the omentum, raises the foot of the bed, and changes the dressings in twenty-four hours. Nothing is given by the mouth, but the patient is fed by the rectum three times a day. Twice a day a “thirst injection” of salt solution is given, with digitalis and strophanthus as indicated. Also lavage of the stomach, atropin or morphin if necessary. He makes copious use of saline infusion, intravenous in the severer cases, and also gives a rectal injection at night of 100 to 150 gm. of oil, to be retained. The chief danger is from the ptomaines generated in the stagnating and decaying fecal masses, which are liable to act like the most powerful heart poisons, and the septic matters of the peritoneal suppuration.”



### *Surgical Treatment of Anuria.*

Dr. Arthur Dean Bevan on Jan. 5 read a paper on the above subject before the Chicago Surgical Society (*Med. News*, Jan. 17, 1903,) and gave the history of a case which he had recently cured by operation. He discusses the cures of anuria and divides them into three classes (1.) obstructive; (2) reflex or paralytic; (3) non-obstructive or nephritic.

His conclusions are as follows: (1) Clinical importance of recognizing the three forms of anuria—obstructive, reflex and non-obstructive; (2) The imperative necessity of surgical interference in the obstructive and reflex forms, and its possible value in the non-obstructive cases; that in the first two varieties a rapid nephrotomy on the side of pain, tenderness and muscular rigidity is the operation of choice. If necessary do not hesitate to make a double nephrotomy. (3) That nitrous oxide anesthesia is probably to be preferred; (4) that time-consuming operations to relieve permanently the obstruction are to be postponed to a later period, after the patient has recovered from the anuria. Operate by the beginning of the third day.

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### *Intestinal Obstruction.*

Packard (*Phila. Med. Jour.*, May 24, 1902) reports a case and calls attention to the fact that through the formation of adhesions an intestinal loop may cause obstruction by acting as a plumber's trap. In the presence of such a loop any cause which would lead to a filling of the loop might bring on symptoms of obstruction.

He thinks cathartics contraindicated in this condition and is of the opinion that they might lead to obstruction through loop formation in a parietic bowel. He gave one-fiftieth grain of eserine every third or fourth hour and quotes other authorities who have given eserine with good and permanent results in these cases.

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### *Appendicitis from a Physician's Standpoint.*

The distinguished physician and author, Dr. James Tyson, of Philadelphia, concludes an article and report of cases bearing upon this subject as follows:

"It is such experiences as these which have brought me to the conclusion that every case of appendicitis whose diagnosis is thoroughly established should be operated on, always, if possible, in the interval between attacks. Of the diagnosis, however, we should be reasonably certain. In view of the occasional difficulties of diagnosis, it may happen now and then that a normal appendix is removed. But I have come to the conclusion, too, that it is better to have a few normal appendices removed than one should remain and cause the death of its owner. The appendix is not an organ of which we need be especially proud. It is useless and exceedingly vulnerable and without powers of resistance when attacked.—*Jour. Amer. Med. Asso.*



## DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

**In Charge of Budd Van Sweringen, M. D.**

Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort  
Wayne College of Medicine.

### *Intravenous Injections of Formaldehyde in the Treatment of Puerperal Septicemia.*

Through the newspapers the country was recently apprised of the successful treatment of a case of puerperal septicemia at the Bellevue Hospital, New York City, with intravenous injections of a formaldehyd solution. The announcement naturally aroused a decided interest, and has been widely discussed in professional and lay circles. A good deal might be said as to the propriety of allowing such matters to appear in the lay press previous to their publication in the professional journals, but Dr. Barrows, who has used the treatment with such apparent success, has, we are glad to say, not lost much time in publishing his report in the proper place. The treatment is based upon theoretic considerations and upon experiments made by Dr. Maguire, of London, and Professor Ewing, of Cornell University. The latter injected into his own veins dilute solutions of formaldehyd and found that, unless too strong, they produced no deleterious effects. The patient treated by Dr. Barrows was a negress, aged 26, admitted to the Bellevue Hospital with a temperature of  $104^{\circ}$ , a pulse-rate of 124, and a respiration-rate of 30. She was in labor, and there was a fetid, bloody discharge from the vagina. On the following morning she was delivered of a macerated, decomposed fetus of about six months' growth. After delivery the patient had a severe chill. The temperature rose to  $105^{\circ}$ . Despite irrigation of the uterus and curetment, symptoms of general sepsis supervened. Blood cultures showed the presence of the streptococcus. When seen by Dr. Barrows, the woman had a temperature of  $108^{\circ}$ ; the pulse was from 150 to 160, and the respirations were 38. She received an intravenous infusion of 500 cc. of 1:5,000 aqueous solution of formalin. Within three hours her temperature had fallen to  $105^{\circ}$ ; within six, to  $101^{\circ}$ . It rose again to  $103^{\circ}$ , and then rapidly dropped to  $95^{\circ}$ , the pulse being 86 and the respirations 22. Rising again to  $103^{\circ}$ , a second infusion of the same formalin solution, this time of 750 cc., was then given. The patient had a slight chill, but without further rise of temperature, which in the course of 12 hours fell to normal. Several blood cultures were made, but none after the first showed any streptococci; nor did any changes take place in the red blood-corpuscles. The woman is now to all intents entirely well. The albuminuria that was present has disappeared; at no time was there any blood in the urine.



Dr. Barrows warns against the indiscriminate use of the method when blood cultures have not been made. The treatment also presupposes the adoption of proper surgical measures. It is likewise suggested that normal salt solution be used for making the formalin solution, instead of distilled water, as in the case reported. We are aware of one case in this vicinity in which intravenous infusion of formalin solution was employed. The case was that of a tuberculous patient, apparently in extremis. After the injection of 300 cc. of a 1 : 5,000 formalin solution, marked improvement occurred. It is entirely too soon, however, to draw conclusions from these meager data, and considerable work will be necessary before we can pass from *post hoc* to *propter hoc* explanations.—*Am. Med.*, Feb'y 7, 1903.

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#### ***Some Experiments as to the Best Method of Administering Aspirin.***

E. C. Hill, in the *Therapeutic Gazette* of December 15, 1902, reports the result of some experiments made to ascertain the length of time which elapsed after administering aspirin in both capsule and powder, before salicylic acid appeared in the urine.

Aspirin is the new salicylate which is being largely used to replace the salicylate of soda. It is acetyl salicylic acid.

Twelve experiments are published, with the result of demonstrating that there was practically no difference in the rate of absorption whether aspirin was given in powder form or capsules, the period of time between the ingestion of the drug and the appearance of the salicylic reaction in the urine not varying more than three to five minutes.

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#### ***The Medicinal Treatment of Gall Stones.***

In the *Therapeutic Gazette* of Dec. 15, 1902, H. Richardson publishes a note with the above title, reviewing the fact that gall stones are usually deposits of cholesterin about a nucleus usually of bacterial origin; that cholesterin is held in solution by the glycocholates and taurocholates and that if these are present in the bile in sufficient quantities there would be no precipitation of the cholesterin or coloring matter even in the presence of a nucleus.

To dissolve the stones in the majority of cases, (all save those in which the stones are of large size), to prevent their reformation after the operation, and to arrest the increase in size of those already present, he advises the use of the glycocholate of soda (5 grs. t. i. d.) and states that besides its action as a solvent for gall-stones, it is the only real chologogue we possess, increasing the flow of bile, thereby purging the liver, as well as assisting in the assimilation of fats from the intestine.



## DEPARTMENT OF OPHTHALMOLOGY OTOLOGY, LARYNGOLOGY & RHINOLOGY

In Charge of Albert E. Bulson, Jr., B. S., M. D.

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

### *Prevention of Common Colds.*

Dr. W. S. Cheesman, in a letter to the *New York Medical Journal*, Feb. 21, 1903, says that accepting the view that colds are infections by specific micro-organisms, it seems reasonable that these should not be permitted to remain within the nose as a cause of inflammation. He sees no reason why the nose and throat should not be habitually flushed as a matter of the toilet, just as the teeth and mouth are cleansed twice daily. We are constantly inhaling irritant germ-laden dust which it is important to remove periodically from the mucous membrane of the pharynx, the nose and the sinuses opening into the latter. Flushing the nasal and pharyngeal cavities with a salt solution, or any other non-irritant solutions is excellent treatment for nasal catarrh not dependent on bone deformities, and is the best prophylactic known for prevention of common colds.

### *Scotoma Auris.*

Dr. E. Amberg reports, in the *Jour. Amer. Med. Asso.*, a case in which a patient could hear a clock at a certain distance from the ear when the clock was in a position upward from her right ear, but that she could not hear the same clock at the same distance when the clock was on a level with the ear. A watch heard at  $3\frac{3}{4}$  inches above the top of the auricle could not be heard the same distance immediately in front of the auricle. Dr. Amberg does not undertake to explain the phenomenon, but is inclined to attribute it to a functional neurosis.

### *Voice Use in its Relation to Alcohol.*

In a paper upon this subject, Dr. J. B. Brown (*Doctor's Magazine* for November) says that temperance of every kind is more necessary for the voice user than any other profession for the reason that alcohol in any form is an important and definite



factor in predisposing and even exciting many abnormal throat and voice conditions. Nasal pharyngitis, pharyngitis, and laryngitis, are all produced in some instances by the irritation from alcoholic beverages, and a functional disturbance of the vocal cords through the toxic influence of alcohol has also been noted. Dr. Brown believes that it is the duty of physicians to advise total abstinence on the part of voice users if impairment of the voice is to be avoided.

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#### ***Copper Citrate in Trachoma.***

Encouraged by the excellent results of using silver citrate instead of silver nitrate, von Arlt (*Klin. Therap. IX Woch, No. 15*) has tried to substitute the citrate for the sulphate of copper in the treatment of trachoma. Copper citrate is a green, very light powder, containing about 35 per cent. of copper. It is employed in the form of an ointment (5 to 10 per cent. strength) which may be put up in tubes and expressed drop by drop into the eye. The lids are then closed and massaged for half a minute. The pain experienced is very slight. The procedure is repeated two or three times. The eye may be washed an hour after application. This treatment can be carried out by the patients themselves. The effect on pannus of trachomatous origin is startling. In seven to twelve days the opacities disappear. The conjunctival alterations also show a marked improvement after one or two weeks' treatment, the secretion becoming less profuse and the granules or follicles diminishing in size. No scar formation takes place. In severe cases this treatment may be reinforced by applications of silver citrate.—*Phila. Med. Journ.*

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#### ***Nasal Hemorrhage.***

Dr. J. C. Bishop (*Columbus Medical Journal*, January) recommends the use of cocaine and adrenalin to check hemorrhage following operative procedures within the nose, and the application of peroxide of hydrogen to facilitate the forming of a clot. He also recommends that in nasal hemorrhage an inspection of the cavity, with exact location of the bleeding point, is necessary in order to effect the most direct application of astringents and other means for checking the flow of blood.





## BOOK REVIEWS

*The Year Book on Diseases of the Eye, Ear, Nose and Throat.*—By Drs. Wood, Andrews and Hardie. One of the practical medical series of year books, comprising ten volumes on the years' progress in Medicine and Surgery. Issued monthly under the general editorial charge of Gustavus P. Head, M. D., Prof. of Laryngology and Rhinology, Chicago Post-graduate Medical School, December, 1902. Price of this volume \$1.50; price of the Series \$7.50. The Year Book Publishers, 40 Dearborn Street, Chicago.

This is the second year that the Year Book series have been issued, and many decided improvements over the issues of the first year can be noted. The present volume is edited by Dr. Casey A. Wood, who has charge of the department devoted to the Eye; Dr. Albert H. Andrews, who has the department devoted to the Ear; and Dr. T. M. Hardie, who has the department devoted to the Nose and Throat. The book is not intended as a text-book, nor as a means of voicing the opinions and theories of the editors, but rather as a concise and complete resume of the year's progress in the departments under discussion. New ideas regarding the bacteriology, pathology and treatment of diseases are given in a concise yet comprehensive manner.

While the series is published primarily for the general practitioner, yet no physician, whether general practitioner or specialist, can afford to do without some work which condenses and brings into one compact volume the years' progress in medicine, and this series, it occurs to us, is the best of them all. The volume devoted to the eye, ear, nose and throat, contains 322 pages, and is admirably edited in all particulars.

A. E. B.

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*An Epitome of Physiology* for Students and Practitioners of Medicine. By Theodore C. Guenther, M. D., of Norwegian Hospital, Brooklyn, and Augustus E. Guenther, B. S., formerly Assistant in Physiology in the University of Michigan, Ann Arbor. In one 12mo volume of 250 pages, with fifty-seven engravings. Cloth, \$1.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1903.

As stated in the preface, this work is not intended to take the place of more elaborate text-books, but to supplement them by covering the essential features of the subject.

As an epitome it is full, the chapter on Nerve and Muscle being especially so, and it can be heartily recommended to those of our readers who desire to get a condensed statement of the subject as viewed by competent men at the present time.

B. VanS.



**International Clinics.**—A Quarterly of Illustrated Clinical Lectures and especially prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pædiatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other Topics of Interest to Students and Practitioners by leading Members of the Medical Profession throughout the World. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A., with the Collaboration of John B. Murphy, M. D., Chicago; Alexander D. Blackader, M. D., Montreal; H. C. Wood, M. D., Philadelphia; T. M. Rotch, M. D., Boston; E. Landolt, M. D., Paris; Thomas G. Morton, M. D., Philadelphia; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburg, and John Harold, M. D., London, with Regular Correspondents in Montreal, London, Paris, Lepsic and Vienna. J. B. Lippencott Company, Philadelphia and London. Cloth, \$2.00. Volume 4, Series 12.

The present volume of this notable work maintains the good reputation of the preceding numbers. The articles are all by men of well known reputation and can not be singled out without some attention being paid to all of them.

During the past year this house presented to the readers of the clinics over 1200 pages, with twelve colored plates and 218 text illustrations, illuminating ninety-eight articles. Like all other good publications, these books must be read to be appreciated, and the "busy practitioner" will feel amply repaid for their perusal, even if done at quite a sacrifice of valuable time.

The monograph by Thomas R. Brown, entitled "The Blood in Health and in Disease, with a Review of the Recent Important Work on this Subject," in the present volume is well worth the price of the book.

B. Van S.

**Modern Eloquence.**—A Library of the best After-Dinner Speeches, Classic and Popular Lectures, Famous Addresses, Reminiscence, Repartee, Anecdote, Story and Illustration. In 15 volumes; Ex-Speaker Thos. B. Reed, Editor-in-Chief, assisted by a large staff of Associate Editors from among the leading writers and thinkers of the day. Prices and Full Discription made known to anyone upon application to the Publishers, John D. Morris & Co., Philadelphia.

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Herein vital questions, historical personages and events, literatures, religions, financial problems, political theories, statecraft, discoveries, and inventions, individual rights, and class and social relations are ably and eloquently discussed. Leaders of thought and creators of great enterprises, men of gigantic affairs, and men whose victories of peace are no less renowned than those of war,



men skilled in statecraft and great in invention, have discussed the themes that have filled their souls; each subject being presented with the concentration of training and experience, with the vigor of intellectual masterfulness, and with the charm and fascination of wit and genius. To enumerate the contributors would be to name the foremost modern Statesmen, Divines, Jurists, Orators, Diplomats, Writers and leaders in many walks of life.

The work is one of never failing interest to any reader no matter what his tastes may be, and no library is complete without this most valuable and entertaining set of books. We know of no high class work which will afford so much instruction and keen pleasure to the lover of good books as this set of Reed's Modern Eloquence. The mechanical execution of the work is all that could be desired, and the price is modest as compared to the great profit-making prices charged for most books of not half the value. We unhesitatingly recommend the work as worthy of serious consideration from every standpoint at the hands of numerous readers.

A. E. B.

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**Progressive Medicine.**—A Quarterly Digest of Advances, Discoveries and Improvement in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical Hospital, assisted by H. R. M. Landis, M. D. Assistant Physician to the Out-Patient Medical Department of the Jefferson Medical College Hospital. Volume IV. December 1902. Diseases of the Digestive Tract and Allied Organs: Liver, Pancreas, and Peritoneum, Anesthetics, Fractures, Dislocations, Amputations, Surgery of the Extremities, and Orthopedics—Genito-Urinary Diseases—Hygiene—Practical Therapeutic Referendum. Lea Brothers & Co., Philadelphia and New York. 1902.

This volume of Progressive Medicine fully maintains the high standard established by its predecessors. The excellent resume on diseases of the digestive tract and allied organs, the liver, pancreas, and peritoneum by Dr. Max Einhorn is such as would be expected from the pen of this able writer and clinician, and contains many things of great interest to the general practitioner.

Following this are sections on anesthetics, fractures, etc., by Joseph C. Bloodgood, genito-urinary diseases by Dr. William T. Bellfield, diseases of the kidneys by Dr. J. R. Bradford and others of equal interest. Space will scarcely permit a detailed review of these quarterly volumes, but the general practitioner who does not avail himself of such aid in keeping in close touch with the rapidly moving procession is missing his opportunities. It is impossible to carefully examine and digest all the material presented in the number of journals which every wide awake physician should



receive, to say nothing of the vast number which he cannot have access to and could not examine if he did. A judicious, discriminating and painstaking survey such as is given by the widely and favorably known gentlemen who constitute the editorial staff of this publication is invaluable and well-nigh essential.

G. W. M.

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**Diseases of the Skin.**—A Manual for Students and Practitioners. The Medical Epitome Series, by Alfred Schalek, M. D., Instructor of Dermatology, Genito-Urinary and Venereal Diseases, Rush Medical College (in affiliation with the University of Chicago), Chicago, Illinois. Series edited by V. C. Pederson, A. M., M. D., Recently Assistant Demonstrator of Anatomy, College of Physicians and Surgeons, Columbia University in the City of New York; House Surgeon at the New York Hospital. Illustrated with thirty-four engravings. Lea Brothers & Co., Philadelphia and New York.

Epitomes have apparently come to stay, and the best *Raison de etre* for anything is spontaneous demand for its continued existence. If students and practitioners relied entirely upon them for the information which they require in dealing with the practical questions of their profession, the result would be pitiful indeed. It is to be taken for granted, or at least ardently hoped that such is not the case.

As a matter of fact a well prepared epitome in any branch of knowledge is a very useful thing for allowing the mind to pass in rapid review the salient facts which go to make up its ground work. Viewed in this light, the present volume is an excellent one, and can be clearly commended to all for the purposes above indicated.

Diseases of the skin is a somewhat obscure field of pathology for the general practitioner, and it is safe to say that the majority do not know nearly so much as is contained in the small brochure under consideration.

G. W. M.

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**The Public and the Doctor.**—By a Regular Physician. Published by Dr. B. E. Hadra, Dallas, Texas.

This little volume presents a physician's idea of the treatment due him from the public. It is well written, entertaining, and would do a great deal of good if placed in the hands of a certain part of the population which is chronically deficient in its proper treatment of doctors, the larger part of which unfortunately does little reading.

B. V. S.



# Fort Wayne Medical Journal-Magazine

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207 West Wayne Street.

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This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of the FORT WAYNE MEDICAL JOURNAL-MAGAZINE, 219 W. Wayne St., Fort Wayne, Ind.

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**THE JOURNAL-MAGAZINE SPECIAL OFFER.**—For every one dollar sent us as a new subscription to the Journal-Magazine, we will send for one year, to any address, the *Cosmopolitan Magazine*, the net price for which is one dollar, and the *Fort Wayne Medical Journal-Magazine*, the net price for which is also one dollar. Let us have your subscription before this offer expires.

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VOL. XVIII

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No. 4

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## EDITORIALS

### *Recent Sanitary Legislation in Indiana.*

The Sixty-third General Assembly which adjourned March 7th, passed four bills which were presented by the State Board of Health. The first was an increased appropriation for health work. Six thousand dollars per annum, aside from the salary of the secretary and chief clerk, had been heretofore appropriated. Now ten thousand dollars is given. This makes an increase of four thousand dollars, available November 1st, 1903. The State Board will strive hard to do good work with this money.

The second bill which became a law, and which the board has twice before recommended, was for the purpose of ventilating the State House. Ventilation of the legislative chambers is so poor, that at every session, coughs, colds, lagrippe, headaches, etc., have prevailed. Heretofore the Board has been laughed at for insisting that foul air was the principal cause of the sickness but not until this session could attention be gained to the matter. And



probably nothing would have been done this time if there had not been many cases of acute diseases of the air passages and two deaths among the members of the Assembly.

The third forward step gained was the passage of the quarantine law, a much needed measure. This law leaves very little more to be desired in way of power given to Boards of Health for the purpose of suppressing infectious diseases. It first provides that physicians and householders shall immediately report such diseases as are required to be reported in the rules of the State Board of Health. It then becomes the duty of the health officer in whose jurisdiction the disease is found to immediately establish a quarantine "so as to effectually isolate the case, or cases, and the family if necessary, in such manner and for such time as may be necessary to prevent transmission of the disease." The penalty for breaking quarantine or for physicians refusing or neglecting to "take such precaution as are directed in the rules of the State Board of Health" is a "fine of ten to fifty dollars," to which may be added imprisonment in the county jail not exceeding six months. The law requires that all infected persons and premises shall be disinfected at the proper time according to the rules of the State Board. School children, "if infected with any communicable disease, or if it or they have been exposed to any communicable disease" shall not attend school or appear in public. And all school teachers "shall exclude from the schools all such children unless a written permit to attend is given by the health officer having jurisdiction."

Health officers must also attend "a meeting of the State Board of Health, when requested by the latter, for consultation or conference concerning the restriction and prevention of contagious and infectious diseases, or for the consideration of attaining important sanitary matters, and the expense of the delegate shall be paid by the board appointing him."

Power is given to remove cases of contagious diseases "to a proper place designated by such board," also to remove all infected "things and articles" and these may be destroyed at the option of the board but must be "paid for at their actual cash value."

Bodies, dead of cholera, bubonic plague, leprosy, typhus fever, yellow fever, smallpox, diphtheria, membranous croup, scarlet fever and cerebro spinal meningitis, shall be buried within twenty-four hours after death, and the funeral shall be strictly private, and "buried human remains shall not be disinterred nor re-



moved without permission from the State Board of Health."

Upon the order of health officers, if infection may unreasonably be supposed to exist, steam and trolley cars and all conveyances must be disinfected at the owner's expense. Quarantine orders for the management of steam and trolley cars in a quarantined region shall be obeyed. Penalty for disobedience is a fine of one hundred dollars.

The expense incident to disease prevention shall be paid by the cities and towns in which the work may become necessary, and when without the corporation of cities and towns said expense shall be borne by the county. If at any time the authorities of any county, city or town fail, neglect or refuse to enforce statutes and rules of the State Board of Health for the restriction of dangerous, communicable diseases, then the State Board of Health, if in its opinion it becomes necessary, shall take charge and enforce the laws and the rules and all expenses shall be paid by the county, city or town in which such enforcement becomes necessary. Sheriffs, constables, marshals, police and all peace officers shall, if called upon by health officers, aid in the enforcement of this act.

"Any person who violates any provision of this act, or any rules or regulations of the State Board of Health, or the enforcement of this act, shall be punished by a fine of not less than ten nor more than one hundred dollars, except as herein otherwise provided."

The law creating a state laboratory of hygiene, and which has twice before failed of passage, was passed this time in the Senate 44 to 6 and by the House 77 to 13. The governor vetoed it. This bill appropriated \$5,000 for establishing the laboratory and \$10,000 per annum for conducting it. J. N. H.

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### ***Reorganization of the State Medical Society.***

The Indiana State Medical Society has for many years been operating under a plan very similar to the one adopted and recommended by the American Medical Association, and yet in some respects the Society is not able to accomplish as much work as could be accomplished if the American Medical Association plan was adopted throughout. During the last few years the Society has largely, as a result of migration, with the attending increased interest occasioned by holding meetings in various parts of the State, increased its membership to such an extent that until the past



year but few States in the Union could claim such a large representation. Yet other States formerly having a very limited membership have, within the past year, or since the adoption of the reorganization scheme, increased their membership rolls to such an extent that Indiana is now quite behind in the list. It becomes necessary therefore, not only for our own reputation but for the best interests of the Society, to adopt means and measures for increasing the membership of the Society and stimulating activity and interest in those portions of the State where either medical societies do not exist or are but poorly supported, and represented to but a limited extent.

To accomplish this purpose requires an expenditure of time, labor and money on the part of such active members of the State Society as volunteer or are delegated to attend to the matter. As a suggestion we believe that the State should be divided into districts of five or six counties each, with an active medical man as chairman of each district, either to be appointed by the president or elected, as may seem advisable. It should be the duty of each chairman to look after the medical society interests in his respective district, and to call to his aid such influential and active medical workers, members of the State Society, needed to assist him in perfecting a live and progressive medical organization in every county in his district. The State Society should pay the actual expenses of the chairmen of these districts, in doing this work, with perhaps a stipulation as to the maximum amount to be expended for such purpose during one year. Perhaps no better way of dividing the State could be selected than to make the medical society districts correspond with the regular congressional districts.

By adopting some such course as suggested, it is possible to not only establish a working medical society in every county of the State, but bring into the Indiana State Medical Society at least 1,500 to 2,000 additional members within a year. There is no reason why, with a suitable effort, the Indiana State Medical Society should not have a membership of 4,000 inside of two years, and we believe some action tending to the accomplishment of such a result should be taken. The subject is worthy of consideration and we respectfully ask our readers who are members of the Society to give the subject thought so that intelligent action may be given when the matter comes up at the Richmond meeting in June.

A. E. B.



*The State Society Meeting.*

The annual meeting of the Indiana State Medical Society is to be held in Richmond Thursday and Friday, June 4 and 5, 1903. The committee of arrangements, of which Dr. C. S. Bond is chairman, has been industriously at work for several months making plans and completing arrangements which give promise of affording the members of the Society one of the most interesting and pleasant meetings in the history of the organization. While the scientific treat which the Society always affords its members should call forth a large and representative attendance at Richmond, yet there is another reason which should stimulate attendance, and that is the necessity for action of the Society toward an effort to secure an increase in membership through establishment of new societies in counties of the State where no medical organization exists, and a stimulation of existing societies which are practically inactive.

Medical reorganization, with an increase of professional interest among medical men, has had a decided upward tendency during the last few years, and Indiana cannot afford to be in the rear of a movement which means so much for the upbuilding of the medical profession in all particulars. Means and measures for increasing the membership of the Indiana State Medical Society should be adopted at the Richmond meeting, and every member of the Society as at present constituted should make it a point to attend the Richmond meeting if for no better reason than to encourage the movement for extension of the Society's interest. Aside from this purely business view, the members can well consider favorably the scientific value of attendance at the Richmond meeting, for every annual meeting of the Society affords a rich treat in the way of a scientific program. The social features are never lost sight of, and we are safe in saying that the Committee of Arrangements for the Richmond meeting has made ample provision for entertainment that will please the tastes of all. In the department devoted to Society interests we have already mentioned some of the principal features as announced by the committee. We particularly urge all physicians in the regular practice of medicine to attend the Richmond meeting.

A. E. B.



*Honor Dr. Miles F. Porter.*

The editor of the *Journal-Magazine* has received the following invitation which explains itself:

OIL CITY, PA., April 4th, 1903:

Dr. Albert E. Bulson, Jr.

DEAR DOCTOR:—A reception and banquet will be given at "The Arlington," Oil City, Pa., Wednesday, April 15th, 1903, at eight o'clock p. m., to Dr. Miles F. Porter, of Fort Wayne, Indiana. The guests of honor will be Dr. Roswell Park, of Buffalo, N. Y., Dr. M. D. Mann, of Buffalo, N. Y., and Dr. Charles G. Stockton, of Buffalo, N. Y. Dr. J. C. O'Day invites you to be present as his guest. Kindly reply to Dr. O'Day as soon as convenient.

Fraternally yours,

C. W. COULTER, M. D.,

E. W. RHEA, M. D.,

J. C. WILKINS, M. D.,

Committee on Invitation.

Since the receipt of the above invitation the editor has received a report of the banquet which seems to have been a very successful and enjoyable affair. In honoring Dr. Porter the medical profession of Oil City, Penn., have honored his medical friends in Indiana who know him best and who accord to him the reputation of being a brilliant operator, a successful and painstaking teacher, and possessed of those noble qualities which make him a deserving acquaintance or friend. We herewith reproduce the banquet program:

### PROGRAMME.

C. W. Coulter.....	Toastmaster
Address of Welcome.....	J. A. Ritchey
Address—"What's the Use?".....	Miles F. Porter, Fort Wayne, Ind.
"The Irregular Physician".....	W. A. Nicholson, Franklin, Pa.
"Let us not Forget the Lessons of Past Years"....	Roswell Park Buffalo, N. Y.
"The Regular Physician".....	John C. O'Day, Oil City, Pa.
"Early Reminiscences of Gynecology".....	Matthew D. Mann, Buffalo, N. Y.
"Status Præsens".....	Charles G. Stockton, Buffalo, N. Y.



ME-N-U.

DI-GEST, OR GEST-DI ?

McBurney Points on the Rochelle.

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Ligature Soup, Olivary Bodies, Green Soap.

---

Fish-er, Rolando Sauce.

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Roast Gauze, Plain, a la Park Dressing.

Short Strips Iodoform Gauze, Porter Sauce

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Boiled Instruments, Mann Style.

Anæsthetic Cyanosis, with Tongue Forceps.

Kangaroo Tendons, Shredded.

Devilish Crabs, Smothered in Ungt Hydrarg.

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Mashed Murphy Buttons.

Calabar Beans.

Pickled Beats, with Charity Sauce.

Early Peas, 5 A. M.

Therapeutic Tips.

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A-Lavage, Stockton Punch.

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Adam's Apple Pudding, Collodion Sauce.

Huxley-berry Pie.

Almonds, Epsom Salted.

Mixed Nuts (?)

Ice Caps.

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Bichloride, 1-4000.

Normal Salt, Hydrogen Peroxide

Carbolized Water.

Thermocautery.

You're up against it.

Smoke.



## ORIGINAL ARTICLES

No paper published or to be published elsewhere as original will be accepted in this department.

### *Alarming Hemorrhage Following Excision of Tonsils and Adenoids.*

By Albert E. Bulson, Jr., B. S. M. D.

Fort Wayne, Ind.

Professor of Ophthalmology in the Fort Wayne College of Medicine.

While the danger of alarming hemorrhage following removal of tonsils and adenoids is mentioned in nearly all text-books, and cases bearing upon the subject are occasionally reported, yet the importance of the subject cannot be too forcibly impressed upon the minds of all operators. The following case, the first of its kind in the writer's experience, covering several hundred operations at the Indiana School for Feeble Minded Youths, and in private practice, seems of sufficient interest to warrant report.

R. T., a boy six years of age, fairly well nourished, but suffering from very large tonsils, and a moderate amount of adenoid tissue in the vault of the pharynx, was operated at 10 a. m., Jan. 18, 1903 under ether anaesthesia, the tonsils and adenoids being excised in the usual manner (tonsilotome and Gottstein curette.) The patient was under the direct observation of the operator for two hours following the operation but before the end of that time all hemorrhage had ceased and the patient was conscious. Eight hours later a report came from the patient's home saying that the patient was very restless, breathing badly and had just vomited a great quantity of blood. On arriving at the house the patient was found to be very pale, with pulse 140, and breathing irregular. A hasty examination of the throat showed that a well organized clot covered each tonsil and that no hemorrhage was trickling down from the naso-pharynx. As a precautionary measure, however, a 1 to 3000 adrenalin solution was thoroughly sprayed into the throat and nose. In addition to this about one-half pint of normal saline solution was injected per rectum, and though only a portion of the quantity was retained, yet it was sufficient to increase the blood pressure and slightly improve the general condition of the patient. Soon after this Dr. B. Van Sweringen, who



had been telephoned to bring the apparatus for transfusion, arrived and a pint of normal saline solution was given by hypodermoclysis. Fearing a possible return of the hemorrhage as the result of the increased blood pressure brought about by the saline injection, repeated and careful examination of the throat was made during a couple of hours following the injection, but at each examination the throat was found dry and free from hemorrhage. The general condition continued to slowly improve, and at 1 a. m. the pulse was 120, respirations regular, and patient quiet. At this hour Dr. Sweringen and the writer, both of whom had been requested to remain in the house until morning, retired for a little rest, leaving instructions to be called at once in case of change for worse in the condition of the patient. We were not disturbed until 5:30 a. m., when we were told that the patient had slept continuously since 2 a. m., but was now very restless and could not be aroused to take the fluid nourishment which we had ordered. Upon examining the patient we were astounded to find him unconscious, the breathing very irregular and shallow, temperature 106, and pulse too fast to be accurately counted. The patient was clearly in a dying condition and yet we could not for the moment account for the changed condition. An examination of the throat disclosed no fresh hemorrhage, and the child had not vomited since early the previous evening. Hypodermics of strychnine and whiskey, and saline injections, supplemented by cold sponging brought the pulse and temperature down slowly, and four hours later the patient was conscious, temperature 102, pulse 130, and taking nourishment. From this time on the recovery was uneventful, the patient gaining strength every day until the eighth day following the operation, when he was dressed and allowed to play about the house. Fortunately the parents of the child appreciate the great benefit derived from the operation, as evidenced by the free and easy respiration and improved voice, and look upon our experience as one of the complications which *occasionally* follow any operative interference.

The writer is satisfied that secondary hemorrhage came on anywhere from three to five hours after the operation, while the child was asleep, and that all of the blood was swallowed. Probably the hemorrhage had ceased just before the vomiting, or about that time, as a result of collapse of the depleted vessels and clot, for soon afterwards, when the writer arrived, the throat appeared entirely free of hemorrhage and remained so for some hours or up



to the time when the child was left in the care of the nurses (members of the family) and the physicians retired. The alarming condition found at 5:30 a. m. can only be accounted for on the ground that the gradually increasing blood pressure, following the saline injection, eventually reopened the vessels that had been bleeding and renewed the hemorrhage, the blood being swallowed as in the first hemorrhage. This hemorrhage must have ceased from collapse of the vessels before 5:30 a. m., when we were called, for at that time the throat appeared perfectly dry and remained so ever afterward. While we were not able to discover hemorrhage, and the child vomited no blood, yet we can account for the collapse on no other ground; for with the saline injection and the nourishment the patient, if not bleeding, ought to have been gaining every hour. The very high temperature bears a resemblance to the high temperature which frequently comes on just prior to death, and it is thought to have been of that kind.

The experience has not been without its lesson. The writer, in common with many other operators, had looked upon secondary hemorrhage from excision of tonsils and adenoids as of comparatively rare occurrence. He is now convinced that it is very much in the line of possibility, and therefore every operated case should be within easy reach of the operator, and in the charge of a competent trained nurse for at least two days following the operation. Unless carefully watched a child may be swallowing blood for hours before the hemorrhage is detected. A competent nurse would discover the trouble early through change in the pulse rate, for the pulse is a sure indicator of disturbance in the circulation.

If used intelligently the writer believes that adrenalin solution will check all ordinary hemorrhage following tonsil and adenoid operations, but failing in that the tonsils should be compressed, or the post nasal space packed, as the source of hemorrhage may indicate.

In the case here detailed it is believed that it was an error in judgment not to take the precaution to pack the post-nasal space before or immediately after the hypodermoclysis, as it is thought that the second hemorrhage, caused by the raising of the blood pressure, came from that region, even though there was nothing definite to point to such conclusion. Under similar circumstances transfusion or saline injection would not be given without knowing that all bleeding points were under control by ligature, clamp or packing.—*The Laryngoscope*.



*A Case of Lateral Sclerosis.\**

By Dr. B. Van Sweringen,  
Fort Wayne, Ind.

Mr. S., 51 years of age, of good parentage, the fifth of a family of seven children, all of whom are well, was a sickly child. He was late learning to walk and did not talk until about three years of age. His speech has always been rather thick. He did not do well at school and after a number of trials was allowed to stop his attendance.

He has had no severe illness of any kind and was in his usual health and able to do "chores" about the farm, when, on getting up one morning last October ('02), he found he was unable to walk without staggering. He has been getting slowly worse since then and is now confined to bed most of the time, although still able to get about with a little help.

His gait is spastic and he walks on the toes. There is no adduction spasm. The feet are quite widely separated. The knee jerks are increased in both legs, more so on left side. The station with the eyes closed is not good on account of the spasticity. The elbow reflexes are increased also, although not so much as those of the lower limbs. There is a divergent squint and he fixes with either eye, using mostly the right. There is response to light and distance and there is no choked disc. He has probably lost some flesh although not very much. His digestive apparatus has not presented many symptoms. Vomiting has occurred several times since he entered the hospital, and he has had slight fever at times for a day or two at a time. He gives no history of retention of urine or of unusual difficulty in securing evacuation of the bowels. Neither has there been fulgerant pains or crises.

His sensation is everywhere intact. He distinguishes between hot and cold and recognizes the slightest touch, while pin pricks are appreciated as pain. Electricity has not been used. There can be no doubt but that the lesion in this case is in the upper motor neurone, with the probability in favor of its location in the cord. There is no evidence of involvement of the sensory tracts, at least to any great extent, although it is rare to find a degeneration sharply limited to the lateral tracts. It could only be cortical by involving both sides symmetrically.

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\*Presented before the Allen County Medical Society on Tuesday evening, March 31, 1903.



# SOCIETY PROCEEDINGS

## *Indiana State Medical Society.*

RICHMOND, IND., March 25, 1903.

DEAR DOCTOR:

It is the expectation that on June 4 and 5 there will be held at Richmond the most successful meeting of the State Medical Society known in its history. Preparations for the same have been well advanced, yet the scientific success will largely depend on the enthusiastic and careful supervision of the papers permitted to be sent to the State Meeting. Papers ought to be short, or at least the portions given ought to be experimentally tested so that they can be read without unseemly haste in the allotted time (twenty minutes). Papers ought to contain at least one new scientific truth, or else give advanced thoughts on subjects of universal interest which will lead to general discussions, which are so often the life of medical gatherings. Attention is respectfully directed to Sections 10 and 11 of the By-Laws of the State Society. The committee on program will accept titles of all papers with brief synopsis instead of the papers themselves.

It will be generally conceded that the auditorium selected at Richmond for the reading of the papers, as to accoustic properties, absence of extraneous noises, and ease of entrance, is simply ideal and above comparison with any that the society has recently occupied. Every reader will be easily heard, and as each paper will be numbered, it is respectfully requested of each Medical Society that sends up a paper that they will see to it that the author of the paper will be present and ready at the proper time.

Dr. Amory Hare, of Philadelphia, will deliver one of the addresses of the occasion.

Remember the Pathological Department. The exhibit promises to be very full. Send Dr. Wynn your interesting specimens.

The Wayne County Medical Society will tender a reception and garden party on the evening of June 4, at the Eastern Indiana Hospital, to the visiting guests.

Special entertainment will be provided for the ladies by trolly rides to Cambridge City, Earlham College, the beautiful city



park—Glen Miller, and the Country Club, at which latter place a lawn party will be given them by the ladies of Richmond.

The Central Passenger Association has granted the usual one and one-third fare for the round trip on the certificate plan, provided one hundred members will avail themselves of the rates.

This letter is sent to the 1,713 members of the State Society as recorded in the Transactions, over half of whom should be here in June. If the other counties have increased their membership in comparison with Wayne, we may well expect 1,000 in attendance.

From time to time you will hear further from us, but we earnestly ask that, during your following meetings, you will heartily encourage the sentiment that will lead many in your society next June to say, "ON TO RICHMOND."

Faternally yours,

COMMITTEE OF ARRANGEMENTS,

DAVID W. STEVENSON, Secretary.

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***Allen County Medical Society.***

At the regular meeting of March 3 the Board of Censors reported favorably on the applications of Drs. Hammond and Sledd and on motion they were elected to membership. Dr. Greenawalt showed a case of very severe injury to the face in a boy six years of age, who was probably kicked by a horse, although the history was incomplete. The superior maxilla was fractured, the parts being widely separated at time of the operation in which the doctor was assisted by Drs. Duemling and Morgan. The result showed very little deformity. This case was discussed by Drs. Morgan, Bulson, Wheelock, Porter, Havice, Sweringen and Stemen. Dr. A. E. VanBuskirk also presented a case—that of a young lady with some swelling and pain in upper jaw, supposed to be due to the non-eruption of a tooth. This case was thoroughly discussed and an operation advised by Drs. Porter, Havice, Bulson and Wheelock.

Dr. Wheelock read a paper entitled "The Early Treatment of Middle Ear Inflammations," which was discussed by Drs. Sweringen, Havice and Bulson.

At a poorly attended meeting (only seventeen members being present) March 17, Dr. Mary Whery read a paper entitled, "The Twentieth Century Treatment of Diseases of Women," which



was very thoroughly discussed by Drs. Porter, Rosenthal and Van Buskirk. Dr. Morgan read the paper of Dr. Horace Adams, of Maysville, who was unable to be present. The subject, "Opium," was well treated, the doctor contending that there are many worse habits than that of taking opium. Drs. VanBuskirk, Rosenthal, McOscar, Calvin and Morgan, who discussed the paper appeared to be of the opinion that while opium might not, for a time at least, impair the general health, yet it did impair the moral and mental condition of the victim.

March 31—At this meeting Dr. B. Van Sweringen presented a case for diagnosis — a man with increased knee jerks, preservation of pain, tactile and temperature senses, and quite marked spastic ataxia. (See full report in this issue.) Dr. McCaskey discussed this case, consuming all the time allowed for one person, but made no definite diagnosis. Dr. McCaskey read a paper entitled "A Gastric Melange," in which he reported a remarkable case of gastric cancer; independent cancer of both pylorus and cardia; patient gained 35 pounds after diagnosis had been made. He also reported a case of combined gastric cancer and phlegmonous gastritis, the cancer being of the pylorus and lesser curvature, together with an abscess in the stomach wall near the pylorus. In addition to this Dr. McCaskey gave an abstract of the clinical study of 600 cases of chronic gastritis, showing the results of analysis for free HCl, age, occupation, etc., and giving the treatment.

E. E. MORGAN, Sec'y.

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#### ***Marshall County Medical Society.***

The Marshall County Medical Society met in the City Hall, Thursday, at 10 o'clock in the morning, and held a business meeting, in which the following officers were elected:

President—R. C. Stevens.

Vice President—A. C. Holtzendorff.

Secretary and Treasurer—N. B. Aspinall.

Board of Censors—L. D. Ely, S. C. Loring, T. A. Borton and Jacob Kaszer.

The delegates to the Indiana State Medical Society, which will meet at Richmond, Ind., on June 4 and 5, are T. A. Borton, O. A. Rea, L. D. Ely and C. F. Holtzendorff. The meeting adjourned until afternoon.

The afternoon meeting was the best session of the meeting.



Excellent papers were read upon different subjects and the meeting was a source of interest and profit to all present. The meeting was called to order by Dr. G. R. Reynolds, who delivered a well-worded speech of welcome.

Dr. C. J. Loring, of Rochester, brought before the society a case of a baby two years old suffering with paralysis of the lower extremities.

Dr. J. B. Berteling, of South Bend, read the first paper entitled, "Leukæmia," which caused a great deal of discussion.

Dr. Charles B. Reed, of the Northwestern University of Chicago, read a paper on "Puerperal Infection," and demonstrated the fact that meddling interference was the prime factor in those cases.

Dr. Miles F. Porter, of Fort Wayne, gave a discourse on "Sarcomatous Degeneration in Lipoma," with report of a case and specimen.

Dr. W. R. Cisna discoursed interestingly upon "Diphtheria," giving its history and treatment in full. He advocated the use of antitoxine in all cases. Much discussion was raised by his stand on this question but the majority of the physicians favored its use, and thought that the County Commissioners should supply it to the poor families free of charge, upon the recommendation of the attending physician.

At 5 o'clock the meeting adjourned and the society went to Hill's Cafe, where an excellent supper was served them.

At 7 o'clock the meeting was again called to order in the City Hall and Dr. W. R. Cisna was given the evening for the discussion of "Lagrippe." He gave the history and pathology of the disease from 1700 to the present time.

Upon the vote of the society Dr. Charles B. Reed and Dr. W. R. Cisna, of Chicago, were elected honorary members of the society and Dr. Wm. Kelsey and Dr. A. J. Kelsey, of Monterey; Dr. J. W. Ward, of Kewanna, and Dr. Frank Redcliff, of Bourbon, were elected regular members.

It was voted to call a meeting of all the physicians of Plymouth together Monday, at Dr. Loring's office, for the purpose of forming a permanent business organization. This is the twenty-fifth annual meeting of the society, and all who had attended the sessions felt well repaid for their trouble. Each year new interest is attached to the meetings and besides the advantage of becoming acquainted with differing opinions upon



methods of treatment, new and interesting cases are each year brought to attention of the society.

The following visiting physicians attended the meeting: Drs. Miles F. Porter, Fort Wayne; Charles B. Reed, Chicago; J. B. Berteling, South Bend; Dr. W. R. Cisna, Chicago; Dr. Loring, Rochester; Dr. Butterworth, South Bend; Dr. G. S. Hill, South Bend; Drs. W. J. and A. J. Kelsey, Dr. Monterey and Dr. Emory Reeves, Burr Oak.

## NEWS NOTES and COMMENTS

### *Dr. Wheelock's Mal-practice Suit.*

In a suit for \$10,000 damages against Dr. K. K. Wheelock, of Fort Wayne, for facial paralysis resulting from wounding the facial nerve during a mastoid operation, the jury failed to agree, and was discharged by the judge. The trial was held at Auburn, Ind., the second week in March. The prosecution presented no medical testimony, and in fact no evidence to show that the operation was not warranted or that it was in any way performed in an unskillful manner. The verdict is virtually a victory for Dr. Wheelock, as it is not thought that the prosecution will care to retry the case.

### *A Testimonial Banquet.*

On April 14th, 1903, the St. Louis Medical Society of Missouri gave a banquet in honor of Dr. Simon Pollak, Dr. William Johnson, Dr. William M. McPheeters and Dr. J. B. Johnson. All of these gentlemen are ex-presidents of the Society, and all are over eighty-six years old. Dr. Simon Pollak is the oldest, the banquet being given on his eighty-ninth birthday.

### *Hydrophobia to be Treated at the University of Michigan.*

Since many people in Michigan have, in the past few months, been bitten by rabid dogs and as a considerable number of domestic animals have died of hydrophobia, the board of regents of the University of Michigan at a recent meeting decided to provide Pasteur treatment for this disease, and appropriated \$2500 for this



purpose. Residents of Michigan will be treated free of charge, while patients from other states will be charged the same price that they would have to pay at a private institution. It will be necessary for each individual who applies for free treatment to present a certificate of residence from the mayor of his city or the president or clerk of his town board. All patients must provide for their own board and room while being treated. Dr. Thomas B. Cooley, a graduate of the literary department of the University with the class of 1891 and of the medical department with the class of 1895, will have charge of this work, under the supervision of the director of the hygienic laboratory. It is expected that Dr. Cooley will be prepared to administer this treatment after April 1. Any inquiries concerning this matter should be directed to Dr. V. C. Vaughn, director of the hygienic laboratory, University of Michigan, Ann Arbor, Michigan.—*U. of M. News-Letter.*

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#### ***The Oppenheimer Institute.***

The Oppenheimer Institute, whose headquarters are at 170 Broadway, New York, have just made arrangements to open a branch institute in Atlantic City, N. J., and it would appear from this that their business is growing quite rapidly for they already have institutes in New York City, Philadelphia, Detroit and Pittsburg.

Atlantic City is most favorably situated for a sanitarium. It is not only very convenient to the large eastern centers of population but has a most desirable climate.

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#### ***Good if True.***

A former Baltimorean who was a close friend of a Philadelphia physician whose specialty was kidney diseases, relates, according to the Baltimore Sun, the following as the method by which Russell Sage paid the doctor a bill:

The physician was on a visit to a friend in New York. Mr. Sage was very ill at his home from a diseased kidney. Hearing that the Philadelphia doctor was in New York, Mr. Sage requested him to call. The doctor did so, and within ten days Mr. Sage was a well man. A check signed by Mr. Sage, with the amount left blank, was handed to the doctor, who declined it, stating that he could not break his inviolable rule of confining his practice strictly to office work. When he visited people who were too poor or phy-



sically unable to get to his office he never accepted pay for his services.

During his visits to Mr. Sage's home the doctor was accompanied by his daughter, a winsome miss of ten years. About a month after the occurrence the doctor's little daughter received a telegram from a Wall street broker which read: "By order of Mr. Russell Sage I have bought for your account——shares of——stock." As soon as the doctor read the dispatch he hurried to a Philadelphia friend who was a broker, and ordered him to buy——shares of the stock mentioned for his (the doctor's) account. The stock fluctuated, and when it was selling at a price which would pay a good profit the broker advised the doctor to sell, but the doctor did not take the advice. Later a dispatch came from the New York broker to the little girl. It read: "Have sold for your account——shares of——stock." The doctor immediately unloaded his holdings. These transactions were repeated several times, and not only made the doctor a small fortune, but won for him a reputation as a shrewd financier. A final telegram came from New York for the little girl: "Have closed out your holdings and mail you a check for——thousands." The doctor unloaded and dropped out of the stock market as suddenly as he had entered it, much to the mystification of his broker and friends, who had heard of his successes, but never knew whether to attribute them to a "Henrietta" luck or to careful study of the stock dealt in.—*Exchange.*

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### ***"Heart Failure."***

For the purpose of promoting greater accuracy in death returns which form a most important part in its records, the bureau of vital statistics of the census department makes a score or more of pertinent suggestions in a paper of recent issue. Among them is the following:

"Heart Failure—The use of this term is a stigma upon American statistics. It should never be accepted, but inquiry should be made whether some organic disease of the heart was intended, and if not, then for the disease that caused the 'heart failure.' Not infrequently diphtheria, puerperal septicaemia or other cause of death has been concealed by the ignorant or intentionally misleading use of the term."

The criticism is well deserved, and the recommendation contained therein should appeal to every health board in the United



States as well as to every practitioner. "Heart failure" is a phrase that has taken its place in medical nomenclature only in recent years. It is meaningless. It is misleading. It is not expressive. It conveys no idea to the lay or professional mind. The great tripod of life—the lungs, the brain and heart—may fail simultaneously or separately, but for the failure there must be a cause—just as the bureau of vital statistics indicates. The phrase has no place in a physician's vocabulary. It should not be accepted as an adequate description of a cause of death in any certificate. Kill it, and hold an inquest and let the verdict be that "heart failure" came to its death because it could not advance any reason for its existence.—*N. Y. Press.*

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***University Hospital, Ann Arbor.***

The University Hospital, Ann Arbor, Michigan, contains at the present time 151 beds. One hundred and fourteen of these are in the four large wards, twenty are in single rooms, fourteen in the small wards, and three in the isolation ward. With the exception of the three in the isolation ward the beds are filled all the time. The Palmer ward, with a capacity of twenty-four beds, and the psychopathic ward, with a capacity of forty beds, are being added. The hospital contains, in addition to the wards, laboratories for diagnostic work for the medical, surgical, gynecologic, and neurologic clinics. There are also rooms and equipment for X-ray work.

One of the medical professors recently said, "A hospital that has no wants is in a perilous state and the University hospital is far from being in that situation." The needs have been enumerated as wards respectively for patients with diseases of the skin, diseases of the eye, with tuberculous, for obstetric cases, several small rooms for teaching purposes, and two more operating rooms. The hospital with additions now building, represents over \$200,000. Last year over 2300 patients were received for treatment and about \$40,000 was expended in carrying on the work.—*Exchange,*

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***T. Gaillard Thomas***

Died Feb. 28 at his winter home in Thomasville, Ga., from the effects of an attack of grip to recover from which he went south. Dr. Thomas was one of the masters. Through his life and works he left the world better than he found it. A higher tribute can be paid no man.



*Honor to Doctor Gouley.*

The recent annual banquet of the Alumni of Bellevue Hospital, held at Delmonicos, Feb. 4, Dr. Gouley was presented with a silver salad set in honor of the fiftieth anniversary of his service in Bellevue Hospital. In the course of his remarks in reply to Dr. Charles Phelps's speech of presentation Dr. Gouley among many other good things said:

"Let, then, each labor for all, and all labor for each, and let your motto be 'each for all and all for each.' Carry out, in letter and spirit, this sound principle and each and all of you will surely prosper."

At the place of each one was a beautiful souvenir menu, containing an etching of Bellevue Hospital and a copy of a song. Several times the doctors, old and young, rose between courses and with the accompaniment of the orchestra sang with great pleasure:

## DOCTOR GOULEY.

BY THE POET LAUREATE, DR. R. K.

*Air: Mr. Dooley.*

There is a man that's known to all, a man of great renown,  
A man whose name is on the lips of many a man in town;  
They speak about him every day, you've heard his name no  
doubt,

And if he ever sneezes they will get an Extra out.

## CHORUS:

For Doctor Gouley, for Dr. Gouley,  
The smartest surgeon this land ever knew;  
Always proficient, ever efficient, is  
Doctor Gouley-oo-ley-oo-ley-oo.

See him at the Hospital with bright and earnest face,  
Explaining to the House Staff the aspects of each case;  
His patients never can forget, nor will they ever rue,  
The way he used to treat them in the wards of old Bellevue.

## CHORUS.

'Twas Doctor Gouley, 'Twas Dr. Gouley, etc.  
And at his operations with verbiage exact,  
He lectures to the students on surgery in fact;  
The way he cuts for Calculi and removes them by the score  
Makes every patient wish he had at least one dozen more.

## CHORUS.

For Doctor Gouley, for Doctor Gouley, etc., and repeat.



**National Laboratory.**

A new laboratory for the examination of drugs and medicines has been established by the national government in the bureau of chemistry at Washington. As chief of this laboratory, Lyman F. Kebler, formerly of Michigan, later of Philadelphia, has been appointed after a civil service examination, to enter upon his duties March 1. Mr. Kebler studied in the school of pharmacy of the University of Michigan from 1887 to 1892, and since then has served as chief chemist with the Smith, Kline & French Co., of Philadelphia.—*Exchange*.

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**Selfish Invalids.**

In all my experience as a physician I have not seen more than a dozen men or women who have been improved morally by long-continued suffering. Acute illness and illness which brings the patient close to death often has a beneficial effect upon the disposition, but I cannot agree with the assertion which we frequently hear made in the pulpit that suffering is usually the means of refining. I have seen a few cases in which this was so, but it is not the rule by any means. The chronic invalid is almost invariably selfish and peevish, and it is a hard task to find a nurse who can stand the strain of such a service.—*Dr. S. Weir Mitchell*.

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**Unable to Add a Postscript.**

The Wisconsin millionaire believer in Christian Science, who died immediately after dictating a letter saying there is no such thing as sickness, was unfortunately unable to add a postscript stating that there is such a thing as death.—*The New York World*.—*Phil. Med. Jour*.

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**Personals.**

The following Fort Wayne physicians have signified their intention of attending the New Orleans meeting of the American Medical Association: Drs. A. P. Buchman, A. E. Bulson, Jr., G. L. Greenwalt, G. W. McCaskey, E. J. McOscar, M. F. Porter, M. I. Rosenthal, B. Van Sweringen, K. K. Wheelock, and the Drs. Whery. Most of the Fort Wayne contingent will go by the way of the Wabash to St. Louis, and thence by the Illinois Central to New Orleans. A few will go by the G. R. & I. to Cincinnati and thence by the Queen & Crescent route to New Orleans.



Dr. J. W. Kannel has recently been indicted for manslaughter by the grand jury, the charge being that through criminal carelessness and ignorance the life of a woman was lost during an operation performed by Dr. Kannel. It will be remembered that a previous grand jury failed to indict Dr. Kannel on this charge, though an effort was made to accomplish such purpose.

Dr. Jesse C. Calvin, Fort Wayne, submitted to an operation for appendicitis during the last week in March. The operation was performed by Dr. Miles F. Porter. At last reports the patient was convalescing.

Dr. N. L. Deming, Fort Wayne, is now enjoying a fine Winton touring car recently purchased. Dr. L. P. Drayer has recently received his new 1903 Ramler automobile and is using it regularly in his professional work. Dr. G. A. Ross has added the 1903 improvements to his Winton "runabout" automobile and expects to use the car regularly in his practice throughout the summer. Dr. E. J. McOscar has recently ordered a Stevens Duryea "runabout" automobile, and Dr. A. E. Bulson has placed an order for a touring car with the General Automobile Company of Cleveland.

Dr. Luella Derbyshire contemplates making additions to her Maternity Home on North Cass street, professional work at the Home having outgrown present quarters. Dr. Derbyshire's work is confined almost exclusively to obstetrical and gynecological work.

Dr. G. W. McCaskey is on the program for an address at the annual meeting of the American Academy of Medicine which meets in Washington this month. He will also present a paper at the American Medical Association meeting in New Orleans.

Dr. Herman Griebel, interne at St. Joseph Hospital, is to be married the last week in April, and following his return from a wedding trip he will enter upon service as assistant to Dr. Maurice I. Rosenthal. The bride to be is Miss Gussie Hauk.

Dr. G. M. Leslie, who has been in Arizona several months for his health, has returned to Fort Wayne fully restored to health and will at once resume his practice.

Dr. James M. Dinnen has taken a young physician, Dr. Brueggeman, recently graduated from the College of Physicians and Surgeons of Chicago, as a partner.



# MEDICAL REVIEWS

## Department of Medicine and Therapeutics

In Charge of George W. McCaskey, A. M., M. D.

Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

### *The So-Called Polyneuric.*

G. ESPOSITO, (*II Manicomio. Vol. 18, 1902. No. 2.*)

It was Korsakoff of Moscow who first called attention to psychosis some time in 1887, since which time the disease has been known under his name. He was the first to prove its existence by the aid of fourteen classical observations in which alcohol was absolutely excluded as an etiological factor of the polyneuritis, and instead were found sepsis (puerperal), typhoid, tuberculosis, etc. The condition of polyneuritic psychosis is characterized by symptoms of multiple neuritis associated with psychic disturbances such as amnesia, alteration of ideation, with predominance in some cases of symptoms of irritability and excitement, unconsciousness being either entirely preserved or somewhat obtunded. All the symptoms may be of variable intensity. The patient retains no hold in his memory over recent events, while he may remember well past occurrences. Outside of the psychic state we find gradual emaciation, loss of strength, weakening of cardiac activity, certain changes in the urine, etc. However, it does not seem that all neurologists coincide with Korsakoff in accepting this clinical picture as a pathological, well defined entity, and Jolly proposes to designate it as Korsakoff's syndrome. As this psychocic presents a certain similarity with confusional insanity, some authors are inclined to consider it as but one variety of this last, and indeed the points of contrast between these two affections are many—in the etiology, symptomatology, and pathological anatomy. The author presents two cases, one an alcoholic, the other with a more or less definite history of syphilis and malaria, and rather moderate alcoholism. Both cases presented distinct symptom-complexes of acute confusional insanity. The author devotes considerable space to the psychological and anatomo-pathological considerations of amnesia, especially as met with in the so-called polyneuric psychosis, and some consideration is given to the obscure and controversial problem of memory. One important fact



may be established without any doubt, namely: that the disturbance of memory is a symptom common to all pathological processes due to toxæmia of the central nervous system, and that the variations in this disturbance stand in some cases, in direct relation to the particular pathogenic agent, as well as to the special individual idiosyncrasy. The amnesia of the polyneuritic psychosis lacks any pathogenic character, and therefore the psychosis as a consequence bears no particular individual imprint of its own. In fact no diagnosis of any malady should be based on one or two symptoms, especially when neither one nor the other is in any way pathognomonic. It is well to remember Nissel's advice as to arriving at a diagnosis of a mental affection: the diagnosis is to be drawn not only from the syndrome of symptoms as they appear but from a full and thorough examination of all the elements which go to make up the characteristic features of the disease, and from the antecedent history of the individual. The author thinks that the disease under discussion is but a part of the great picture of confusional insanity, as has been asserted by Kraepelin, and cannot be considered as an affection *sui generis* among the infectious insanities. —*Jour. Nervous and Mental Diseases*.

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#### ***Gastroptosis.***

Proceedings of the Philadelphia County Medical Society, Dec. 31, 1902. The method of determining dilatation of the stomach, recommended by Francine, is inflation of air through the stomach tube, following lavage, and outlining the stomach by percussion. Special points in the diagnosis are mentioned. Diastasis of the recti muscles should be looked for as an important sign. The blood is usually negative in these cases and the stomach contents usually show subacidity. The urine has been negative, except in the bad cases, where there is excessive elimination of the ethereal sulphates and the presence of oxalates. The presence of a floating tenth rib, considered by Stiller as pathognomonic, seems to Francine to indicate more a special weakness or anomaly in the individual. It is too infrequent to justify much stress being laid on this particular point. The same is true of the splashing sound. The characteristic symptoms of gastroptosis are those of motor insufficiency plus nervous influences. These two react on each other. In so-called primary cases they consist chiefly in distress and flatulence after meals. When general dilatation exists there is apt to be more retention, functional disturbance, gastric pain,



nausea, vomiting, and some marked autointoxication. There may be palpitation of the heart and dyspnoea. The pain may be due to associated gastric catarrh or to hyperacidity or to pressure on the solar plexus from the dropping of the stomach. Pain in the back of the lumbar region and a sense of dragging of the abdomen are frequent symptoms. Headache, weakness, drowsiness and malaise are often present. Nausea on rising may be complained of. Palpitation of the heart, dyspnoea and vomiting are not uncommon; anorexia may exist. There is usually some loss of flesh, coated tongue, cold hands and feet, dizziness, numbness of the extremities, etc. There are also various nervous symptoms. Gastric crises, described by Dietl, may consist in attacks of gastric tenderness and pain with slight rise of temperature and transitory jaundice. They have been variously explained as being due to torsion of the pedicle of the kidney, kinking of the duodenum, and recently Stengel has suggested that they may be due to direct pressure of the kidney on the duodenum. The constitutional and neurasthenic picture is very similar to that due to displacements of the uterus, and probably many cases which have fallen into the hands of gynecologists are really suffering from gastropotosis. The author suggests that the two frequently go hand in hand. More attention should be directed to the stomach in these cases; sometimes attention to this point will cause complete relief of all the symptoms.—*Jour. A. M. A.*

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### ***Chronic Gastritis and Gastric Motor Insufficiency in Children.***

F. L. WACHENHEIM, (*New York Med. Jour.*)

The article is based on the observation of children between the ages of two and twelve years. Wachenheim stated that chronic gastritis is one of the commonest affections of childhood, and that motor insufficiency of the stomach is quite often associated with it, concurrently or secondarily. Every thorough examination includes the use of the stomach tube, comparison of the removed stomach contents being made with the record of recent ingesta. The outlines of the stomach may be defined by percussion before and after inflation with Seidlitz powder. The value of succussion must not be ignored, and care should be taken to determine the upper border of the organ to guard against being deceived by any displacements. Motor activity is best determined by inspecting the stomach for food contents from the previous day. Chemical tests of the stomach contents should be made regularly



for general acidity, free acid, and peptones; in special cases the fatty acids and ferments may be the subjects of investigation. The large quantities of mucus especially characteristic of chronic gastritis require for its thorough removal repeated washings with a weak alkaline solution. Diet and lavage are of special importance in the treatment. HCL and bitter tonics are also useful. In motor insufficiency nux vomica takes the front rank, acting as a general stimulant to peristalsis; it is well combined with bismuth and sodium bicarbonate to check fermentation, and magnesia to counteract the constipating tendency of these two. Illustrative cases are reported.—*Amer. Med.*

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***Pawlow's Research on Innervation of the Digestion.***

*Muenchener Med. Wochenschrift, Munich.*

Cohnheim spent his vacation inspecting Pawlow's famous laboratory entirely devoted to research on the mechanism of digestion. It is a small building in the outskirts of St. Petersburg, lavishly endowed, and here also Nencki conducted his studies in physiologic chemistry. Pawlow's work is done exclusively on large dogs weighing from twenty-five to thirty kilos., sixty pounds and over. He has forty-three in the establishment, all lively and healthy, but each with one or more fistulae of various kinds. The "psychic gastric juice" is secreted by dogs with a fistula into the stomach and another into the throat. When the stomach is mechanically stimulated through the gastric fistula there is no response in secretion, but after the animal is given a piece of meat the stomach commences to secrete. The dog eats, chews and swallows the meat but it falls out through the hole in the oesophagus and he picks it up and eats it over and over again. After 5.5 minutes have elapsed the gastric juice begins to stream out of the stomach fistula although no food has passed into the stomach. Four dogs thus produce six to eight quarts of gastric juice during the morning, each about 5 to 15 c. c. a minute. They generally cease eating in about twenty minutes, but one dog continued the entire forenoon to eat the same piece of meat over and over again. The gastric juice thus produced is in demand for therapeutic purposes. It contains .5 to .6 per cent. hydrochloric acid and is purer than any gastric juice hitherto attainable. The innervation of the stomach is studied in dogs which have had a second small stomach formed out of the fundus portion, completely separated from the rest except in its innervation. The gastric juice derived from



this second stomach differs in amount and in its ferments with the kind of food eaten, which fact is also observed in the "psychic gastric juice" secretion. Since Pawlow's previous publications, he has been conducting research on the secretion after an acute gastric catarrh has been induced by application of heat or cold. The mucosa in this case secretes an alkaline mucus instead of the acid gastric juice. After the catarrh has subsided a period of hypoacidity is followed by hyperacidity before normal conditions are restored. In some cases an irritable state ensued, in which the secretion increased and also ceased sooner than normally, an excess of gastric juice being secreted at first, but the total amount below the average. In some of the dogs the psychic secretion was normal, while the chemical was deficient. This demonstrated that the glands were normal while the "reception organ" of the stomach epithelium was affected. Pawlow's research on the pancreatic juice has not fully confirmed his previous announcements on the subject, but it has established that this juice does not contain trypsin as such but in the form of zymogen is transformed into trypsin by the substance in the intestinal juice which he calls enterokinase. This enterokinase is not a constant constituent of the intestinal juice, but is secreted only when the pancreatic juice enters the intestines, evidently a specific chemoreflex. The fat splitting ferment becomes active in the same way under the influence of the bile. The pancreatic juice always contains ptyalin and steapsin in this form, but the trypsin occurs in the form of zymogen only when the dogs are fed on bread, milk or potatoes, while on an all-meat diet it occurs as the complete ferment, and on a mixed diet sometimes as one and then as the other. The aim of gastric digestion is to provide the stimulus for the pancreatic secretion, which is the contact of the hydrochloric acid with the mucosa of the intestine. He is still at work on the problem whether this is a reflex or material phenomenon. In his studies on the bile he sutured the orifice of the bile duct with a ring of encircling intestine in the cutaneous wound, and has thus been able to study the reflex connection between the intestine and biliary system. He was unable to discover any "psychic" secretion of bile, or any influence of the hydrochloric acid on this secretion. Two substances alone influence it, peptone and fat, as they enter the duodenum. The entrance of fat into the duodenum is the normal stimulus to the secretion of bile. He announced in his published works that the simultaneous injection



of fat and albumin retarded the secretion of gastric juice. This fact has been confirmed by later research, but he has assumed at first that the fat in contact with the gastric mucosa inhibited the secretion. He has since learned that the inhibition is a reflex phenomenon which occurs when the fat comes in contact with the mucosa of the duodenum. The motor function of the stomach is also affected in the same. If water or a solution of salt, sugar or peptone be introduced into the duodenum through a fistula, and at the same time 200 c. c. of water be poured into the stomach, the latter empties itself in less than fifteen minutes. But if, instead, an acid or fat be introduced into the duodenum, the chemo-reflex closes the pylorus and the water is still found in the stomach two hours later. The experiments also prove that exact experimental physiological psychology can be studied on dogs. In research on the secretion of saliva, for instance, Pawlow found that dogs with a saliva fistula secreted thin saliva when such was needed to dilute acid or irritating substances taken to the mouth, while they secreted a mucilaginous saliva when needed to lubricate solid pieces of food. If hydrochloric acid was poured into the mouth of a dog, large amounts of thin saliva were secreted at once. If the acid were stained black the animal soon learned to recognize it, and on the mere sight of any black fluid the dog commenced to secrete the thin saliva in abundance. This saliva is secreted when the dog is given or even shown dry bread. As dogs have the habit of licking their sores, the saliva secretion commences as soon as a slight wound is inflicted upon them. In fact, if the Paquelin were merely shown to the animal saliva would commence to flow, after a few experiences with it, and the slightest cauterization anywhere on the body would be followed by the increased secretion with one exception. This exception was the top of the head. The dogs can not reach the top of their heads with their tongue, and no saliva secretion followed an injury at this point.—*Jour. A. M. A.*

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### ***Reflex Convulsions in Growing Boys and Girls.***

(*London Lancet.*)

Smith questions the diagnosis of epilepsy frequently made in the case of convulsions of children after infancy and points out that such convulsions very often co-exist with digestive disorders or some other local irritation and cease when the local condition is removed. Many cases also of hysterical attacks in young unmarried women are, he considers, of such a nature. He reports a number of cases and calls attention to the certain fact that the impressionable nervous system may be permanently affected if the irritation is long continued. One common symptom in all instances quoted was that of habitual cold feet, which he remarks as indicating a condition which may thwart our best efforts to treat a



chronic complaint of children, indirectly affects the nutrition, heightens the sensibility to chills and thus any weakness or injurious tendency is aggravated. In some cases the attacks recur in spite of treatment. It is probable that they are not then true cases of reflex convulsion, even at the beginning, but as a rule the intellect does not seem to be affected. Such cases are exceptional. In the majority of instances where the fit occurs in a child who is the subject of temporary digestive upset, we may reasonably expect complete cessation of symptoms and permanent restoration of health by proper treatment. Many observed cases warrant him in saying that young persons who have been subject to such seizures as late as twelve years old, may grow up into perfect adults without showing any later symptoms of the weakness of their childhood.—*Jour. A. M. A.*

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#### ***Spindle Shaped Dilatation of Lower Portion of Oesophagus.***

Zusch, in *Deutsches Archiv f. klin. Medicin*, Leipsic, has observed 11 cases of this affection and reviews 13 in literature. He treats it by emptying the sac and rinsing the oesophagus every morning before breakfast, feeding exclusively through a wide tube three times a day. He gradually intersperses between these meals a small amount of soft foods from time to time until able to abandon the tube feeding altogether. It is necessary to introduce the tube before bedtime so that no food may stagnate in the sac during the night. In rinsing the oesophagus the amount of water used must be in order not to distend the sac. Frequent sipping of some alkaline water during the day is the best means of alleviating catarrhal inflammation, thus neutralizing any acids that may form while keeping the oesophagus clean. An important factor in the treatment is lavage of the stomach immediately after rinsing the oesophagus. Laxatives irritate the sac and should be avoided. In one case the feeding through a tube was kept up for six months, and the sac was reduced from a capacity of 220 to 50 c. c. Systematic perseverance is the main factor in curing the condition and patients must learn to introduce the tube themselves. It usually stops as it reaches the cardia, but by swallowing and slight manual coaxing, it slides into the stomach. In case of a tendency to spasmodic contraction the patient should eat solids first and his soup last. Another important precaution is to take considerable butter at supper or a teaspoonful of olive oil. None of his patients would consent to an operation, but it should be borne prominently in mind. In seven typical cases the diagnosis was based on the characteristic anamnesis and subjective sensations, on the evidence of a cavity above the stomach whose contents differed both physically and chemically from those of the stomach, on the tapering of the cavity at top and bottom, and on the exclusion of cardiac stenosis. The tube could always be passed readily into the stomach.—*Jour. A. M. A.*



# DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.  
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

## *Human Actinomycosis.*

Prof. R. Von Baracz, of Chicago, read before the Chicago Surgical Society recently (Annals of Surgery, March, 1903), a very interesting paper based upon a personal experience in sixty cases of human actinomycosis. He says the disease is produced solely by the streptothrix actinomycotica which usually enters the body through the mucous membrane of either the mouth, air passages, or digestive tract. Rarely it enters through the skin.

The transmittants are always minute vegetable bodies such as awns of barley. The fungus, contrary to Murphy and others, never enters through the teeth. Through the coincident softening of the gums decayed teeth play an important etiological role. Neck actinomycosis is of buccal origin. Bones are never primarily attacked and the central bone forms of Poncet do not exist. His first forty cases were treated by operation but latterly he has sought to imitate nature, which forms a connective tissue barrier about the diseased area, by hypodermic injections of irritants, preferably 20 per cent. solutions of silver nitrate. Silver nitrate kills the fungus and likewise produces a connective tissue boundary.

Three cases of actinomycosis of the tongue were cured by opening and curretting.

Actinomycosis of the thorax and lungs gives an unfavorable prognosis, and the same is true when the abdomen is the seat of the disease except the disease be limited. In cases wherein operation or local treatment is impossible the hope is entertained that intravenous injections of collargol in 1 to 2 per cent. solution will prove curative.

On this subject a future report is promised. The author has, however, in his experiments upon animals seen no bad effects from the use of this drug in this way.

Of the three microscopically characteristic parts of the fungus, viz: clubs, threads and small micrococci—like bodies, the two latter are never absent. When the clubs are absent the fungus is immature. In anomalous forms some threads may be very thick. Animal inoculation is not successful.



### **Warts and Moles**

May be removed by touching them daily with glacial acetic acid, which must not be permitted to touch the healthy skin. If this is carefully done no scar will be left.—*Med. Progress.*

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### **Inoperable Cancer of the Cervix.**

In some cases of inoperable cancer of the cervix severe pain sometimes occurs as a result of occlusion of the cervical canal. When this is the case it should be cleared out. Anesthesia is usually not necessary, but measures must be taken against the bleeding, which may be sharp and prolonged.—*International Journal of Surgery.*

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### **Rectal Feeding.**

In feeding a patient by the rectum it is a good plan to press rather firmly upon the anus for some time, say a quarter of an hour or more, after the injection has been given. This diminishes irritability and naturally favors retention.—*International Journal of Surgery.*

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### **Felon.**

Dr. Seneca D. Powell, in the *Post-Graduate*, recommends the following treatment for felon;

Take a hypodermic syringe and find the sensitive point, or take a lead pencil and press the point down over the felon until you thus localize the sensitive point. Go down to the periosteum with the hypodermic and inject cocaine at this point, and keep injecting as you draw out the syringe. Then cut down to the periosteum with a bistoury, and with a syringe or probe go down into the pocket and inject carbolic acid. You have then taken the necessary steps to kill the microbe. If you are afraid of carbolic poisoning, put in some alcohol. Put on a loose dressing.—*Medical Mirror.*

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### **The Present Status of Treatment of Hypertrophy of the Prostate.**

N. P. Dandridge (N. Y. Med. Jour.) urges that we should not be carried away by the operative furor of the present time, but we should remember that the older methods still possess a large field of usefulness. There are, indeed, many cases in which surgery alone will relieve the obstructed urinary flow and cure the cystitis. In a certain number of cases complete relief will follow simple perineal incision with drainage for some weeks. It is in the large remainder that perineal prostatectomy promises a large field of usefulness. It must not be postponed too late or a large percentage of mortality will certainly ensue. It must be looked upon as a grave surgical procedure involving a considerable loss of blood, a notable laceration of tissue, and requiring a somewhat



prolonged anesthesia, all conditions badly borne by this class of persons. That it is possible effective experience already shows; whether, however, permanent immunity will be secured from a progressive cystitis and further involvement of the kidneys remains to be seen, and whether many of those operated on between sixty and seventy will reach the age of eighty is something yet to be determined. The operation of complete perineal prostatectomy is still of too recent date to allow of positive deductions as to the permanency of the results it offers.—*Med. Herald.*

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### ***Diagnosis of Congenital Dislocation of Hip.***

It has been shown that many children are born not with the hips already dislocated, but with a decided anatomical tendency toward dislocation, as is shown by changes in the contours of the acetabulum and the head of the femur, as well as in the relation of the two to each other. It is extremely difficult to make the diagnosis in the newly born, and the average physician does not possess a Roentgen apparatus to aid him. P. Bade (*Munch. Med. Woch.*, August 26, 1902) draws attention to several folds whose course varies in dislocation. One of these runs downward and inward between the quadriceps extensor and the adductors; another is situated somewhat lower and begins nearer to the median line. In normal thighs both sets of folds are situated equally high, and the adductor folds meet on the inner sides of the thighs, but there is a distinct asymmetry where there is only a disposition to luxation. By carefully observing these lines the diagnosis can be made very early and treatment begun before the children walk.—*Lancet and Chinc.*

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### ***Cure of Osteomalacia in a Nullipara by Castration.***

Hollander adds another to the three cases of osteomalacia in nulliparae cured by castration. The pains disappeared immediately after the operation and the patient can now take long walks. The osteomalacia was not so pronounced as in the puerperal form, but the gait and pains were characteristic. The patient, aged 36, had been treated for nearly ten years for supposed rheumatism. The diagnosis was confirmed by radioscopy.—*Journal American Med. Assn.—Med. Mirror.*

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### ***Etiology of Noma.***

Sieffert and Von Ranke (*M. Med. Noch. Jour. A. M. A.*) have confirmed the assertion of Perthus that thread fungi are the cause of noma.



## DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.

Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort  
Wayne College of Medicine.

### *Trunecek's Serum.*

The *Philadelphia Medical Journal*, for March 21, 1903, contains an article by Alfred Gordon, who reports the use of Trunecek's serum in twelve cases and discusses its value in disturbed cerebral functions caused by circulatory changes. This "serum" is a solution of inorganic salts used by Trunecek to overcome the symptoms of arterio-sclerosis by dissolving the calcium phosphate already deposited in the vessel wall and preventing a further deposition. Trunecek's own conclusions, after using the combination intravenously, were as follows: All the usual symptoms, as dyspnoea, asthma, vertigo, angina pectoris, also general health and strength, are greatly benefited by this serum. This is due, in his opinion, to the excess of salts in the blood, which show a favorable effect upon the process of regeneration of the vascular endothelium which is usually altered in arterio-sclerosis. Moreover he states that the nutrition of the cardiac muscle is greatly benefitted and the heart-beats become more regular. The disappearance of the dyspnoea he explains by the increase in the alkalinity of the blood in general.

Trunecek's original formula is: Sodium chloride, 4.92 gm.; sodium sulphate, 0.44 gm.; sodium carbonate, 0.21 gm.; potassium sulphate, 0.40 gm.; distilled water q. s., 100 c.c.

Leopold-Levi, after trying the remedy intravenously, by enema and per oram, concluded that the latter method was just as good as either and he altered the Trunecek's formula as follows: Sodium chloride, 10 gm.; sodium sulphate, 1 gm.; sodium carbonate, 0.40 gm.; sodium phosphate, 0.30 gm.; calcium phosphate and magnesium phosphate, of each, 0.75 gm. M. ft. cachets No. xiii.

The contents of each cachet corresponds to 15 c.c. of the fluid serum or 150 c.c. of blood serum.

Gordon applied this combination to the treatment of disturbed cerebral functions caused by circulatory changes of any origin.



Of the twelve cases reported three gave negative results and nine were more or less satisfactory, which leads Gordon to arrive at the following conclusions:

1. The combination of the inorganic salts known under the name of Trunecek's serum may be a valuable remedy in some cases of disturbed cerebral function caused by circulatory changes.

2. Not only by hypodermic and intravenous administration, but also internally this remedy may give favorable results.

3. When the iodides, nitrites and other means used in such cases are without avail, Trunecek's Syrup should be given a trial. Sometimes a combination of both may be necessary.

4. Several days, at least a week, must elapse before the desirable results can be expected. Finally, there are cases in which the remedy is absolutely useless.

### *Treatment of Influenza.*

The following is a brief resume of the treatment of Epidemic Influenza, taken from the latest edition of Hare's textbook on therapeutics:

To abort the attack in a few hours.

R <sub>x</sub>	Tr. aconit rad. .... 2	(3ss.)
	Spts. aetheris nitrosi 12	(3 ij)
	Potassii citrat. .... 4	(3 ij)
M	Aquae q. s. ad .... 30	(j)

Sig. One teaspoonful every four hours, during the first day of the attack.

For the irritative cough in first stage:

R <sub>x</sub>	Tr. benzoini comp. .... 4	(3 j)
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Sig. Add to one pint of boiling water, and inhale the steam.

For the cough in the height of the attack:

R <sub>x</sub>	Ext. cannabis ind. ....	
	..... 0.15 to .6 (gr. $\frac{1}{4}$ to 1), or	
	Codeinae sulph. ....	
	..... 0.15 to .6 (gr. $\frac{1}{4}$ to 1).	

Sig. Every three or four hours.

For the bronchitis in the early stage:

R <sub>x</sub>	Vini ipecac. .... 8	(3 ij)
	Potassii citratis. ... 8	(3 ij)
M	Syr. pruni Virg. .... 60	(3 ij)

Sig. One teaspoonful every two hours.



For the bronchitis in the later stages;

R <sub>y</sub>	Ammon. chlor.....	3	(gr. xl)
	Tr. cubebae.....	30	(℥ j)
	Syr. pruni Virg. q. s.		
M	ad.....	120	(℥ iv)

Sig. One teaspoonful every three hours.

For the insomnia:

R <sub>y</sub>	Chloral hydrate.....	1	(g.. xv), or
	Chloralamid .....	2	(gr. xxx), or
M	Sulphonal .....	13	(gr. xx)

Sig. At one dose.

For stimulation, throughout the attack:

R <sub>y</sub>	Strychninae sulph.....	up to .03	(gr. $\frac{1}{20}$ )
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Sig. Every four hours; (it is preferable to use smaller doses more frequently, *e. g.* gr.  $\frac{1}{40}$  every two hours.)

For the vertigo and dizziness:

R <sub>y</sub>	Ext. ergotae fid .....	2	(℥ ss)
	Sodii bromid .....	14	(gr. xx)

Sig. Take at one dose; repeat q. 3 hours.

For the constipation in the early stages:

R <sub>y</sub>	Castor oil .....	150	(℥ ss), or
	Magnesii sulph ...	150	(℥ ss), or
	Magnesii citratis...	150	(℥ ss)

Sig. At one dose.

For the constipation after the attack;

One teaspoonful of fluid extract of cascara at night.

For Laryngo-bronchial Irritation of Influenza. (Anders.)

R <sub>y</sub>	Codeinae sulph.....	259	(gr. iv)
	Ammon. chloridi....	20	(℥ xv)
	Syr. pruni. Virg....	60	(℥ ij)
	Spts. junip. comp.		
M	q. s. ad.....	120	(℥ iv)

Sig. One teaspoonful every two or three hours.

### ***Treatment of Hodgkin's Disease and Lymphatic Leukemia.***

In the *Medical Record* of July 12, 1902, Einhorn expresses the belief that the therapy of both diseases is the same. We must pay attention to a suitable diet and a hygienic mode of life. The medicinal treatment is also of importance.

Regarding diet, large quantities of food must not be given at



one time, and the food selected should be of a nature to leave little residue after digestion. This is done in order to prevent overdilatation of the stomach or intestines. It will be best, therefore, to give about five meals a day, consisting principally of eggs, milk, gruels, some meat, a little bread, much butter, and jellies. It is understood that in cases where the disease is not far advanced light vegetable fruits, in small quantities, may be permitted.

Regarding hygiene, the patient ought to live in the country, and much in the open air. Cold ablutions of the body, with subsequent brisk rubbing of the skin will be of benefit.

Medicinally, arsenic occupies the first place; it acts almost as a specific, although complete cures are not obtained even under its use.

The author usually prescribes simply Fowler's solution, starting with two or three drops three times daily and gradually increasing to ten or more. Sodium cacodylate alone or in connection with iron has been of good service to the author. Arsenic may also be used subcutaneously. Methylene blue, in doses of three or four grains, in gelatin capsules, daily, may also be tried for a period of a few weeks. In some cases it seems to exert a temporary beneficial influence.

Recently, Pusey found the action of the X-Rays useful in diminishing the glandular swellings. The author has himself had no experience with regard to the value of this agent in either Hodgkin's disease or lymphatic leukemia. It certainly appears worthy of a trial.—*Therapeutic Gazette*, Dec. 15, 1902.

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### ***Nerve Nostrums and Their Danger.***

A paper with the above title appears in the *Four. A. M. Med. Asso.* of Feb. 28, 1903, by William P. Spratling, of Craig Colony. It points out the dangers arising from the continued use of nostrums for nervous disorders, especially epilepsy. In one instance he attributes not only a rapid dementia but death itself to the use of "R's Nervine" by an epileptic.

He has collected much evidence of the infinite amount of harm nostrums do in this disease.

There are three things recommended to lessen or destroy the nostrum evil. First, articles upon the subject in the leading medical journals, which might be copied by the daily papers and literary magazines. Second, the inauguration in every city of a course of popular lectures to show the evil of indiscriminate medication through patent nostrums. Third, the advocacy of a national law regulating the manufacture and sale of nostrums and the practice of quackery.





## BOOK REVIEWS

*The 1903 Standard Medical Directory.*—That the publication of a high-class Medical Directory—correct, comprehensive, attractive and influential—is appreciated by the profession is proven by the cordial reception given the 1902 Edition of the Standard Medical Directory of North America and the promising auspices attending the 1903 edition now in active preparation with the aid, so the publishers state from actual computation, of nearly twenty-five thousand correspondents representing every state, providence, county, city and town of any size in North America. The new volume will consist of about 1300 pages comprising complete Directories respectively of the Physicians of all North America, colleges, societies, hospitals, sanitariums, mineral springs, publications and in fact everything related to medicine. The new features (including an Alphabetical Index of Physicians with Post Office Addresses and Rosters of Practitioners of the Specialties) will, it is stated, add about one-third to the volume of the work.

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*Operative Surgery.*—By Joseph D. Bryant, M. D., Professor of the Principles and Practice of Surgery, Operative and Clinical Surgery, University and Bellevue Hospital Medical College, etc., etc., Vol. II., New York D. Appleton & Company, 1901.

This volume deals with operations on the mouth, nose, and esophagus, the viscera connected with the peritoneum, the thorax and neck, scrotum and penis, and miscellaneous operations, and contains 827 illustrations, of which forty are colored.

From an artistic standpoint the illustrations are not above criticism but what is of more importance they are good in that serve to elucidate the subject. The author does not describe all methods of all operations, and, indeed, this would neither be practicable nor desirable in a work of this kind. Some may hold the opinion that in certain instances the author has described methods inferior to others not mentioned. It is probable, therefore, that the book may disappoint some readers who consult it with a view to reading a description of some certain operation.

However, he who consults the work for the purpose of finding described therein the technique “a reliable method” of operating will not be disappointed. The various steps are clearly and concisely given, the remarks are pertinent, the precautions are ample and the results reliable. A very material addition to the value of the book results from the giving of the description of the technique of many of the more important operations in the language of the originators. For instance, Treves’ method of laryngectomy and Halstead’s method of operating for carcinoma of the breast are described in the language of Treves and Halstead respectively. Some of the operations described and some of the



instruments illustrated are antiquated. Such descriptions and illustrations have a historical value only. In the opinion of the writer of this review it would add to the value of the work to omit these illustrations and descriptions and use the space thus saved used for the description of modern methods and the illustration of modern instruments.

Taken all in all, however, there is in my opinion no work on "Operative Surgery" superior to this. M. F. P.

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**Biographic Clinics.**—The origin of the the ill-health of De Quincey, Carlyle, Darwin Huxley and Browning by Geo. M. Gould, M. D., Editor of American Medicine, Author of "An Illustrated Dictionary of Medicine, Biology, etc.," "Borderland Studies," "The Meaning and the Method of Life," etc. Philadelphia. P. Blakiston's Son & Co. 1012 Walnut St. 1903.

The versatility of the scholarly author of this little book received additional demonstration in this publication. There are many fertile and interesting fields which can be found in excursions in the highways and byways of medicine and certainly the clinical biography of distinguished men of letters is not the least interesting among them. This volume deals with Thomas De-Quincey, Thomas Carlyle, Charles Darwin, Thomas Huxley and Robert Browning, and to an analysis of their writings with reference to morbid states adds chapters on biliousness and headache, the physiology of vision and astigmatism and eyestrain, subjects which the author is peculiarly well qualified to discuss. Altogether the volume is one of the most pleasing innovations which the writer has had the pleasure of examining. It is cordially recommended to every physician who desires, as every one should, to broaden his ideas along these lines. G. W. M.

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**Clinical Treatises on the Pathology and Therapy of Metabolism and Nutrition.**—By Prof. Dr. Carl von Noorden. Part I., 60 pages. E. B. Treat & Co., Publishers, New York.

This little book is only part of this author's "clinical treatises." It deals with the subject of obesity, its pathology and treatment. The advisability of prescribing a reduction cure in obese subjects, afflicted with chronic cardiac disease, or chronic interstitial nephritis, or pulmonary tuberculosis, or gout, or rheumatism, is discussed in an intelligent, authoritative way. It will pay anyone to read it. B. VAN S.



# Fort Wayne Medical Journal-Magazine

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## EDITORIALS

### *The New Orleans Meeting of the American Medical Association.*

The New Orleans Meeting of the American Medical Association proved to be one of the most interesting from many points of view that the Association has held for many years. The attendance was much larger than expected, though the scientific sessions were not more interesting or better than was anticipated, considering that the character of work done has been growing in excellence for many years. The place of meeting was one that would naturally attract a very large number of the members, for New Orleans, with her cosmopolitan population, historic landmarks, and customs so different from any found upon the American continent, offered attractions which the warm and salubrious Louisiana climate in May but made the more interesting and pleasant for those living in the North who are unused to such things. While New Orleans as the metropolis of the South is a convention city and accustomed to many transients at all times of the year, yet it cannot be said that the hotels, board-



ing houses and restaurants are very liberal with their guests, for, in the main, the members of the American Medical Association were charged two and three prices for nearly everything they obtained. Notwithstanding this extortion, which most of the members expected and tolerated without complaint, the true Southern hospitality of the residents of New Orleans was a balm to the wounded feelings of those who otherwise might have felt that they were being imposed upon. On the streets, in the public places, and in fact everywhere the visitor went he met with the utmost civility and marked courtesy. This only added to the pleasure of the visit in the Crescent City, and tended to relieve the feeling of dissatisfaction which otherwise would have been a prominent feature through the desire of the hotels and restaurants to unduly profit from the presence of so many visitors in the city.

The Committee on Arrangements failed to come up to the standard set by committees at previous meetings, for the list of entertainments was less than usual, and owing to indefiniteness of the program, members had much difficulty in learning what entertainments had been provided and where they were to be found. The program for the ladies was conspicuous by its absence, and the ladies were, therefore, very largely thrown upon their own resources in finding entertainment. Fortunately the city offered so many points of interest that could be readily reached with the assistance of an ordinary guide book that the omission from the program of entertainments for the ladies was but little noticed.

The general sessions of the Association were well attended and the addresses of a very high order of merit. The section meetings were also well attended, and in nearly every instance the program presented was one of unusual interest. Throughout the entire meeting a spirit of good fellowship among members was manifested, and the affairs of the Association for once were entirely devoid of politics which at many previous meetings has been a very disagreeable feature.

In the selection of Atlantic City as the place for the next meeting the Association has acted wisely, for the reason that there is a growing sentiment among the members that with the largely increased membership and attendance at the annual meetings, the Association cannot afford to meet in any other than very large cities or well known resorts where the hotel accommodations are more than ample to care for all visitors.

The increased interest and attendance at the annual meetings is



indicative of the high class of scientific work done by the Association, and should stimulate the growth and importance of the Association as the leading factor in the advancement of medicine in America. The New Orleans meeting has not tended to take the Association backward, but rather added to the forward movement. A. E. B.

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### *The Indiana State Medical Society.*

The annual meeting of the Indiana State Medical Society is to be held at Richmond on Thursday and Friday, June 4th and 5th. There is every reason for believing that the meeting will be very largely attended owing to the fact that the place of meeting is centrally located and easily reached from all parts of the State. The Committee on Arrangements has been working industriously for several months, and are now advising the members that everything has been arranged for one of the most successful and pleasant sessions in the history of the Society. It is a little early to form any definite idea as to the number and quality of papers to be presented, but the committee reports that already quite a number of excellent papers have been referred, and judging from past experience we are warranted in believing that before the time closes for the acceptance of papers, the program will be filled to overflowing with papers of a high order of excellence.

The members must not lose sight of the fact that at the Richmond meeting some effort should be made to reorganize the Society upon a basis which will admit of greater activity, with a corresponding increase in the membership of the Society. There are many counties in Indiana in which no medical organization of any kind whatsoever exists, and in many other counties the existing medical organizations exist only in name. To change all of this should be the aim and object of the Society, and until some move is made by the State organization with a view to encouraging local county societies in every county in the State nothing will be done and no progress will have been made. The activity in the States surrounding us should be an incentive for renewed activity in Indiana, for there is really no good reason why Indiana should not rank among the best in medical organizations and evidence of scientific interest. The Michigan State Medical Society with for years a membership of under 500, has within the past year, as a result of reorganization, increased its membership to over 2,000. Illinois has increased its membership four times in the past year, and a



similar story comes from Ohio, Wisconsin, Iowa, and several other States in the Mississippi Valley. Indiana cannot afford to be behind in this onward movement, and accordingly some definite and decisive action tending to increase all medical organizations in the State of Indiana, must be taken at the Richmond meeting. We, therefore, urge every progressive member of the Society to attend the Richmond meeting and lend his advice and support toward the building-up movement which is to be inaugurated.

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A. E. B.

***Indiana Honored in the American Medical Association.***

We believe our readers will be pleased to know that the Indiana medical profession has been honored in the American Medical Association by election of several prominent Indiana physicians to positions of honor and trust in the Association. At the New Orleans meeting, Dr. Miles F. Porter, of Fort Wayne, was re-elected a member of the Board of Trustees of the Association, and upon organization of the new board was honored by election to the position of Vice President of the Board; Dr. J. F. Barnhill, of Indianapolis, was elected chairman of the section on Otology, Laryngology and Rhinology; Dr. Frank B. Wynn, of Indianapolis, was elected by the House of Delegates to the newly created position of Director of the Pathological exhibit of the American Medical Association; Dr. Edwin Walker, of Evansville, was made chairman of the Business Committee of the House of Delegates; Dr. L. H. Dunning, of Indianapolis, was elected chairman of the section on Gynæcology, and Dr. Albert E. Bulson, Jr., of Fort Wayne, was elected secretary of the section on Ophthalmology. These honors conferred upon Indiana men is a recognition of ability and enterprise, and is a tribute to the medical profession of Indiana, a State that has never been behind in enterprise and progress.

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A. E. B.

***Fort Wayne's Water Supply.***

The city of Fort Wayne is to be congratulated upon having a new board of water works trustees, recently elected and pledged to furnish the city with an adequate supply of pure water.

For many years the city has put up with men either indifferent to the requirements of the city, or too ignorant to appreciate the dangers encountered in furnishing the people water that has repeatedly been pronounced impure. Notwithstanding the fact that an



abundance of water can be obtained from rock wells, the trustees have refused or neglected to put down a sufficient number of wells, and to offset the shortage which naturally occurs during the summer months no hesitation has been shown in turning the water from the filthy feeder canal into the mains of the city.

There always comes a day of reckoning, and the last municipal campaign was fought largely upon the pure water issue. The republicans, usually largely in the minority, were victorious and have pledged the city, through their candidates for water works trustees, that the city shall have an abundance of pure rock well water, and that at no time will it be contaminated with the disease breeding water from the feeder canal, as was frequently the case when the democratic Board of Water Works Trustees was in power.

We believe we are safe in saying that this change in the municipal government will result in a saving of human life and suffering through a lessening in the number of cases of typhoid fever and other water borne diseases which heretofore have been prevalent in the city during the summer months when the water has been contaminated. Furthermore, we now have a promise of having the water mains and sewers thoroughly flushed and cleaned, something that has not been done in twenty years and which is greatly required. It is also hoped that the new city council will order many other much needed improvements in the way of sanitary cleanliness. The streets and alleys have for a long time been in a condition which to say the least is not complimentary to the street cleaning department, and the council can do no better work than to order a general cleaning of the streets and alleys, if for no other purpose than to make them look better, though by so doing they improve the sanitary condition of the city. It is not a bad idea to have a turning over in the municipal management occasionally, and we hope that the change recently made in the city of Fort Wayne will result in much good.

A. E. B.

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#### *A Word for Our Advertisers.*

Our readers are aware of the fact that medical periodicals are patronized and to some extent sustained by the advertising contracts of manufacturing firms, good, bad and indifferent, who cater directly or indirectly to the physician. This is an age of pharmaceutical specialties, and great credit is due the manufacturing pharmacists for their scientific work in the interest of not only more efficient preparations, but in the production of preparations that are more elegant in every sense of the word. Some preparations have more merit than others, and



some manufacturing chemists care more for their reputation than they do for money that might be secured by placing upon the market a product which even without merit can temporarily be made to sell through the influence of a liberal display of printer's ink. It is a recognized fact that a product without merit will not stand the test of time and must inevitably fail to be a product for which there is a steady and increasing demand. Medical men are familiar with the advertising of many old established and reputable business houses, and yet in preference to patronizing such houses by using or prescribing their products, will take up with all sorts of nostrums, compounds and appliances put out by irresponsible and conscienceless houses who temporarily flood the country with literature and advertisements which put forth the most extravagant and unreasonable claims. If physicians would be more careful in placing confidence in those who are catering to their wants, many disappointments and many unsatisfactory results might be avoided. There are many ways in which a physician may protect his interests, but in no way can he demonstrate more conclusively that he is protecting his interests than by care in the selection of products that he is to use in his professional work or prescribe for his patients. To accomplish this end in the most satisfactory manner necessitates the selection of only such products as emanate from thoroughly reliable and established firms who pride their reputation above the mere accumulation of wealth. There are many such houses catering directly or indirectly to the medical profession, and they all advertise in the medical periodicals which medical men read. The Journal-Magazine has for many years carried the advertisements of some of the oldest and most reliable firms, whose products have stood the test of time and are fully deserving of the good reputation which prolonged use has given. Some of our advertisers have but recently been added to our list of patrons, yet their position is established, and they are as worthy of confidence as those who have been with us for longer periods of time. We speak for all a good word, and ask our readers to not only frequently scan the advertising pages, but whenever possible and consistent with the necessity of the occasion, employ the products advertised in our pages, and to specify the same in order to make sure that no substitution occurs. While all our advertisers are profiting by the patronage which comes to them, and the patronage is increased as a result of advertising, yet we can not forget that the enterprise, ability and integrity of these firms, as well as many others whom we do not count as our advertisers but are deserving of the same consideration, has been of inestimable value to medical men in making results better and more certain through developments and discoveries which would probably not have been brought about except through the enterprise of the manufacturing chemists. This being the case these houses are deserving of patronage and encouragement in every possible way. We, therefore, speak a good word for our advertisers who belong to the class of firms alluded to herein.

A. E. B.



## ORIGINAL ARTICLES

No paper published or to be published elsewhere as original  
will be accepted in this department.

### *Malignant Degeneration of Benign Tumors.\**

BY

MILES F. PORTER, M. D.

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Whether or not benign tumors undergo malignant change is a question of much practical importance. All neoplasms develop from one of the other of the three blastodermic layers. Whether they are malignant or not depends not upon their origin but upon the behavior of the individual cells composing them. Thus the fibromas, lipomas, chondromas and sarcomas are all of mesoblastic origin, the difference being that the tendency in the benign growth is to form mature connective tissue while in the malignant growth the tendency is to revert to the cell-type from which they were derived. Hence we see that the difference between malignant and non-malignant tumors is one of degree rather than one of kind. All neoplasms have this in common, viz: they are composed of tissues less highly organized than the normal. Thus we see that the relationship between benign and malignant tumors is quite a close one.

One of the etiological factors in the production of malignant growths is irritation. As has been pointed out by Balloch (1) it is rational to suppose that highly organized tissues would have a greater resisting power than those less highly organized. Again the neoplasm itself is a source of irritation, interfering in a mechanical way with the performance of function. It seems rational then to conclude that there exists in non-malignant neoplasms three potential factors toward malignant degeneration or change, viz: relationship, lessened resisting power, and irritation. That non-malignant tumors may undergo malignant degeneration is a well-nigh universally accepted fact. The positive demonstrations of this accepted fact are, however, very few. One such demonstration is sufficient to establish the fact but there must be more demonstrations before it can be said that malignant degeneration of benign neoplasms is at all frequent.

\*Read by invitation before the Marshall County Medical Society April 9, 1903.

1. Medical News, Vol. LXII, Page 3.



Thus far the evidence seems to prove that malignant degeneration is more likely to occur in uterine fibroids than in any other class of tumors, though it has been known to occur in all varieties of benign growths. Innocent tumors in one part of the body may be invaded by secondary deposits from malignant tumors situated elsewhere. Such invasion has been reported by Fenwick (2). This was a case of fibrous tumor of the ureter which became involved through secondary deposits from a carcinoma of the liver. I have not been able to find in the literature at my disposal reports of any other cases of secondary invasion of benign tumors. While

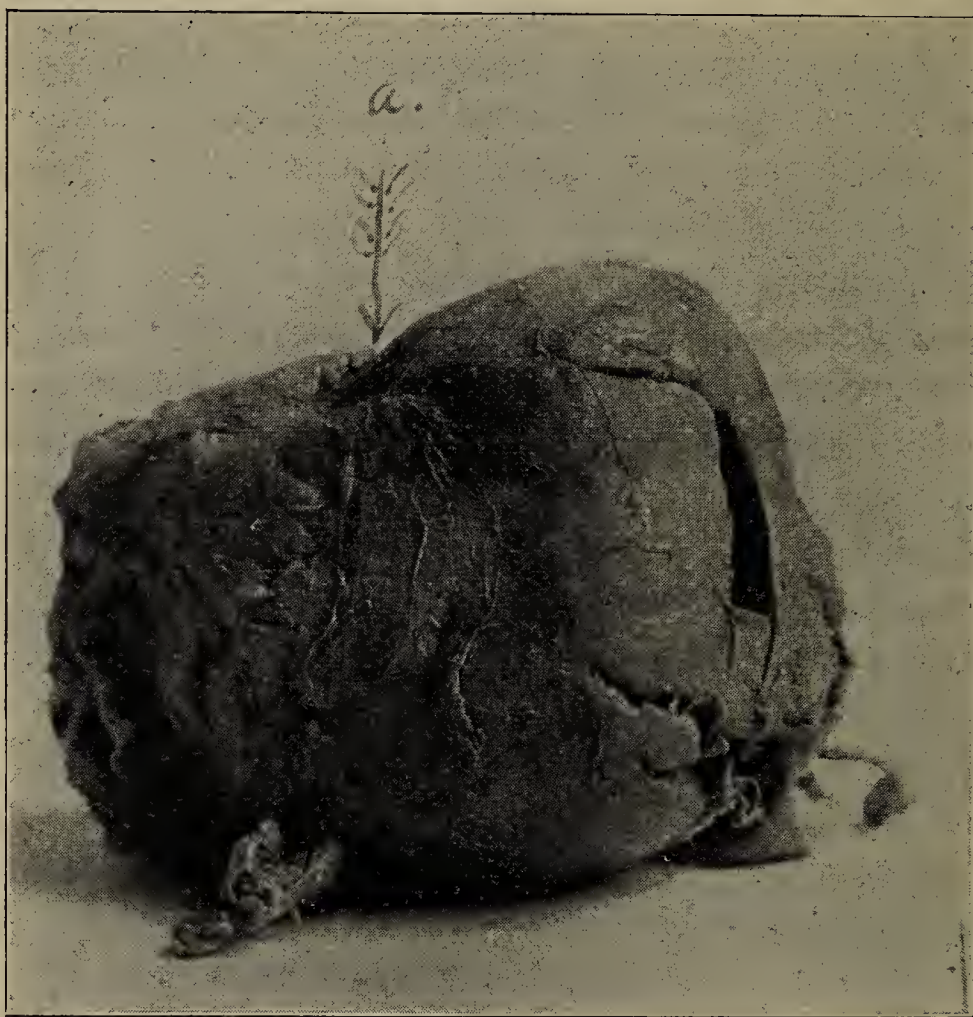


FIG. 1.—Portion to right of arrow shows smoother, darker, more firm portion of tumor which is infiltrated with sarcoma cells.

many authorities point out the possibility of fatty tumors undergoing malignant degeneration I have found but one such case reported, that of Frasier (3). This was a subaponeurotic, non-adherent tumor of the thigh in a man of 60, that had undergone sarcomatous degeneration.

The case I have to report is one of lipoma of the elbow invaded secondarily from a sarcoma of the neck.

2. Loo. Cit.

3. Annual Universal Medical Sciences, Vol. III, L-29. 1896.



Mrs. K. of Van Wert, Ohio, referred by Dr. McGavern, age 61, widow, mother of five children. Family history negative save that one son died of "tubercular cystitis." Patient noticed small growth at angle of jaw four months prior to coming to me, some time later a second growth appeared just in front of this. This latter growth has increased rapidly in size and caused some pain while the first was painless and grew slowly. Some interference with respiration and deglutition. Has a small tumor on front of right elbow which has been there for thirty-five years. This grew very slowly until within the past two months since which time it has

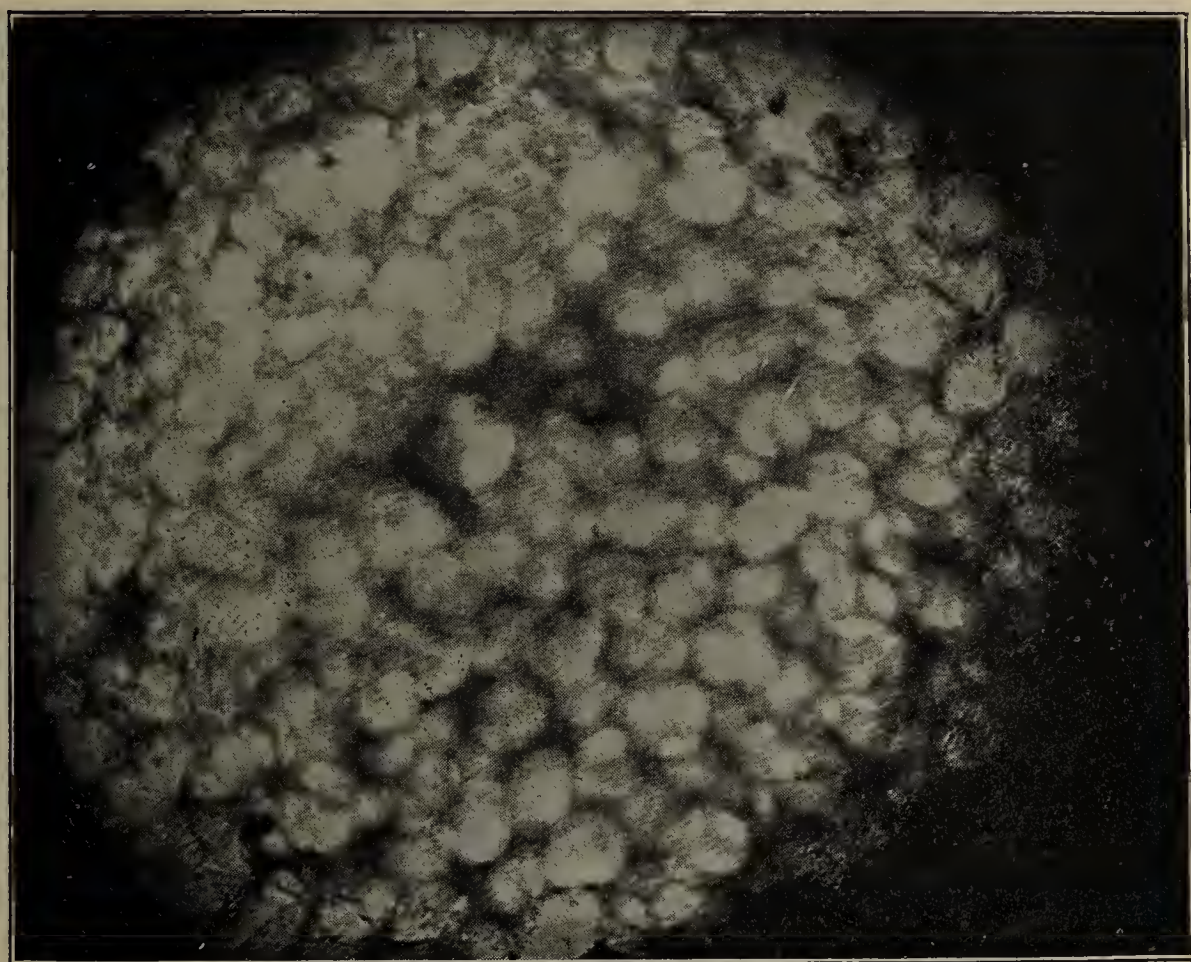


FIG. 2.—Micro-photograph—low power—small round sarcoma cells seen between the large fat cells.

grown rapidly. I knew nothing of the growth on the elbow until after she was anesthetized at which time I was told that if I thought prudent I was to remove a tumor she had on her arm after I had finished the operation on the neck. After the operation on the neck was finished the arm was uncovered. I had expected to find a lipoma and was therefore not a little surprised to find that while the tumor was in many respects typical of lipoma there was a very suspicious enlargement of the cutaneous vessels. It was however easily shelled out and appeared to the unaided eye throughout about four-fifths of its area like an ordinary lipoma while the remaining



one-fifth was darker in color and had the appearance of a sarcoma.

It is not without interest to note that during the woman's stay in the hospital she had a severe attack of facial erysipilas, which I hoped would exercise a curative influence on the sarcoma but which had no effect whatever on the course of the trouble. The elbow was closed without drainage and united by first intention. The neck wound was drained with gauze. She died some months later from a recurrence or rather continuance of the sarcoma of the neck but without a recurrence at the elbow. I will pass the tumor around that the members may see its macroscopical appearance

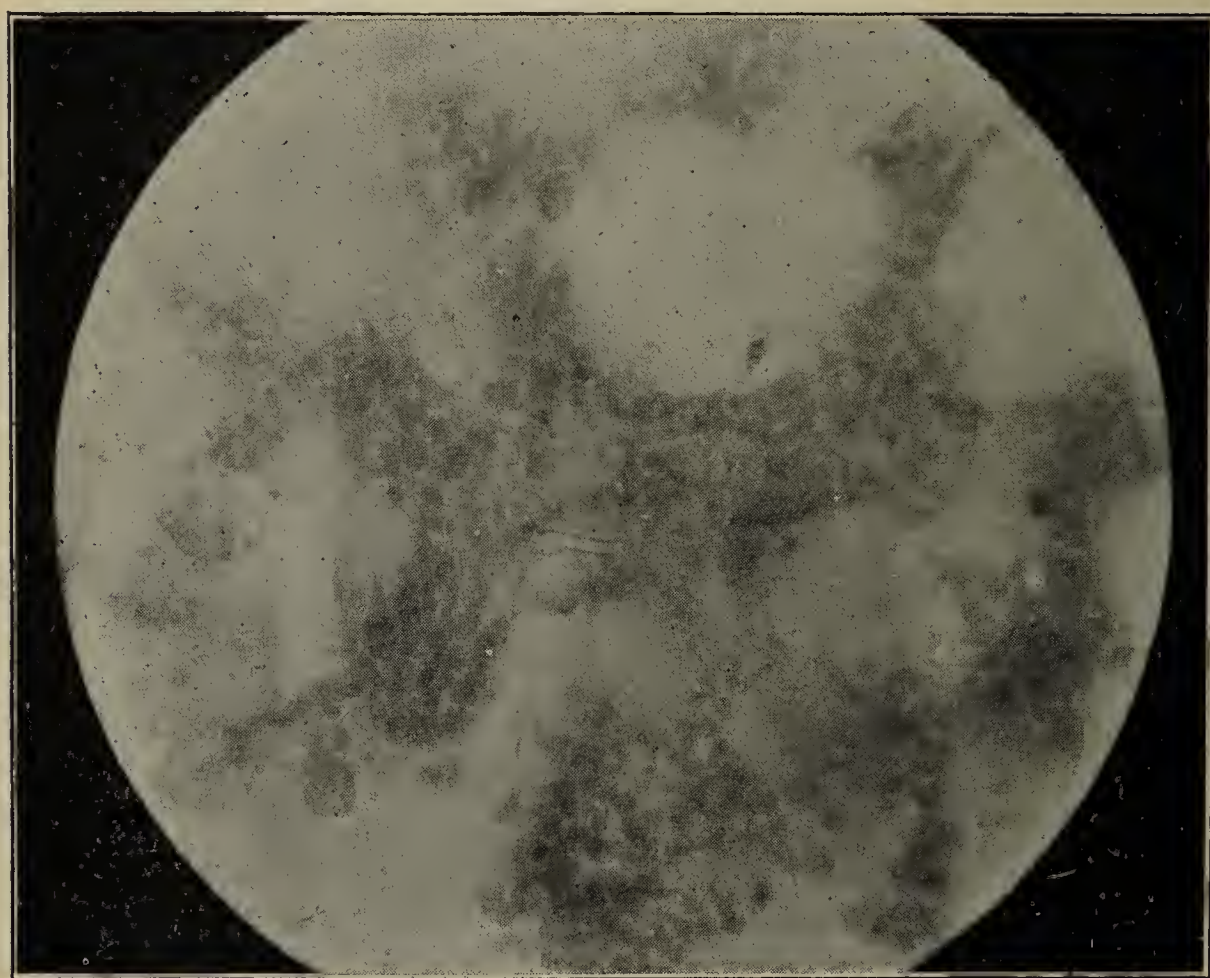


FIG. 3.—Micro-photograph—high power—darker portions seem to be made up of small round sarcoma cells; lighter portions large fat cells.

(Fig. 1.) I will also pass two microphotographs (Figs. 2 and 3) which show very clearly the infiltration of the lipoma with the small round sarcoma cells. I have not been able to find a case in the literature similar to the one herewith reported. When we consider that sarcomas are usually disseminated via the blood channels, it seems strange that the only metastasis should be found, as in this case, in a tumor on the flexor surface of the elbow. In other words the sarcoma cells, or the stimulus which lead to their birth and growth, must have been carried to all the tissues of the body, yet the only place in which secondary invasion was manifest was in the lipoma.



# SOCIETY PROCEEDINGS

## *Elkhart County Medical Society.*

The annual meeting of the Elkhart County Medical Society was held at Elkhart, Ind., on April 24. The officers of the Society are: Dr. G. W. Spohn, president; Dr. C. W. Merrill, Secretary. The attendance was satisfactory, and the meeting pronounced very entertaining both scientifically and socially. The following was the program presented.

“Neurasthenia” by Dr. J. A. Work, Elkhart. Leaders in Discussion: Dr. Miller, Goshen, and Dr. Wenger, South Bend.

“Diagnosis (Especially of Atypical Forms) and Treatment of Nephritis” by Dr. A. R. Edwards, of Chicago. Leaders in Discussion: Dr. Berteling, South Bend, and Dr. Vaughn, Topeka.

“Some Interesting cases of Gastric Cancer, with a Discussion of the Treatment of Chronic Gastritis” by Dr. G. W. McCaskey, Fort Wayne. Leaders in Discussion: Dr. Montgomery, South Bend, and Dr. Black, of Ligonier.

“Prolapse of Rectum” by Dr. A. E. Halstead, Chicago. Leaders in Discussion: Dr. Stoltz, South Bend, and Dr. Edmands, Goshen.

“Diseases of the Antrum and Mastoid” by Dr. C. M. Eisenbeiss, Elkhart. Leaders in Discussion: Dr. Murphy and Dr. Adams, Elkhart.

“Pelvic Inflammation, with Special Reference to Vaginal Section” by Dr. Fernand Henrotin, Chicago. Leaders in Discussion: Dr. Porter, Fort Wayne, and Dr. Daugherty, South Bend.

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## *The Allen County Homeopathic Medical Society.*

The second annual meeting of the Allen County Homeopathic Medical Society, of Fort Wayne, Indiana, was held in the Assembly Room of the Court House on Friday evening, April 17th. The address of the evening was delivered by Dr. Jos. P. Cobb, of Chicago, president of the American Institute of Homeopathy. Following the reception and meeting, which was largely attended by the public as a result of the invitations extended, a banquet was tendered to the visitors and guests. Among those who responded to toasts at



the banquet were Dr. W. B. Hinsdale, Dean of the Homeopathic Department of the University of Michigan; Dr. Howard R. Chislett, the Homeopathic Surgeon of Chicago; and Dr. Frank Kraft, the editor of the American Physician (Homeopathic.) The president and secretary of the Indiana Homeopathic Medical Society, the president of the Northern Indiana and Southern Michigan Homeopathic Medical Society, and many more or less prominent Homeopathic physicians from Indiana and Ohio were present.

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*Allen County Medical Society.*

APRIL 14—The society met in regular session, in Assembly Room of Court House, and after the transaction of routine business, proceeded to the election of fifteen delegates to the State Society.

Dr. Luella Derbyshire withdrew from membership.

Dr. S. H. Havice read a paper entitled "Tuberculosis of the Larynx," which was favorably discussed by Drs. Wheelock, Rhamey, Morgan and Lomas, and on motion was referred to the State Society.

Dr. K. K. Wheelock reported a case of influenza with difficulty in swallowing, there being no apparent lesion to account for such difficulty.

Dr. Havice reported four cases of some acute throat disease in one family, two of whom died. No diagnosis made, but was not diphtheria.

APRIL 28—Regular meeting. This meeting was held at Hope Hospital, by invitation of the matron. The application of Dr. C. F. Nieschang was received and referred to the Board of Censors.


Dr. B. Van Sweringen presented a case of tabes dorsalis, which was discussed by Drs. Proegler and Havice.

Dr. C. S. Williams, of Columbia City, who was to read a paper on "Impotence of the Male," was present with his paper but asked to be excused from reading it, a request which was granted, the president recognizing the fact that the doctor is a bashful man and there were nineteen nurses in the room.


Dr. M. F. Porter reported a case of otitis media, followed by mastoid disease. The patient stopped breathing while the doctor was getting ready to operate, before the anæsthetic had been begun, but was kept alive for fifteen hours by artificial respiration, the operation having been completed in the meantime without an anæsthetic.

E. E. MORGAN, Sec'y.





## NEWS NOTES and COMMENTS



### *Marriage of Dr. G. W. Leslie.*

A small and very quiet wedding took place Thursday evening, May 14, at the West Berry street home of Mr. and Mrs. John H. Bass, when their daughter, Miss Laura Grace, was married to Dr. Gaylord Millard Leslie. The ceremony was performed at 6 o'clock by the Rev. A. W. Seabrease. The guests included a few of the most intimate relatives of the two families. Following the supper, the bride and groom left for the East for an indefinite period. On their return Dr. Leslie will enter the office of Mr. Bass, at the latter's request, and for the present will not continue his chosen profession. The bride-elect has many friends who extend congratulations, not alone for the social prominence which she holds, but for her many lovable qualities as a young woman of culture, refinement and benevolence. Dr. Leslie, formerly of Convoy, Ohio, is a graduate of the Fort Wayne College of Medicine, and during the few years he has resided here he has won recognition from the best physicians of the city and made many personal friends.—*Daily Press*.

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### *Fort Wayne Papers at the State Society.*

The following is a list of the papers referred by the Allen County Medical Society (Fort Wayne) to the meeting of the Indiana State Medical Society to be held in Richmond, June 4 and 5.:

Dr. C. B. Stemen, "Surgery a Specialty." Dr. S. H. Havice, "Tuberculosis of the Larynx." Dr. Budd Van Sweringen, "The Use of the Fluoroscope in the Diagnosis of Pulmonary Diseases." Dr. W. H. Meyers, "Psychological Studies in Medicine." Dr. Albert E. Bulson, Jr., "Modern Treatment of Entropion."

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### *An Extraordinary Medical "Merger."*

There is in existence at Hastings, Minn., a condition of affairs calculated to cause many physicians to stare in amazement. Hastings is a city of some three thousand people, and harbors within its limits five physicians—four "old-timers" and one who has settled there within the past few months. In such towns there usually are bickerings and jealousies, petty quarrels and rivalries between the



medical brethren, and so common has this been the condition, that the inhabitants get suspicious if there is no quarreling. And today some of the Hastings people are suspicious.

Some weeks ago one of the Hastings M.D.'s studied the local situation over and notted the following facts regarding the four "old-timers."

1. They were of about the same age.
2. They were doing about the same amount of business.
3. They had all been in practice about the same length of time.
4. They were all graduates of reputable medical colleges, and licensed practitioners.
5. They were all of good moral, social and business repute in the community.

It was evident that these four physicians were on an equal footing in the city, and the idea was at once promulgated of merging the business of the four into one common institution; of establishing a community of interests to supplant the existing antagonism. Several informal meetings were held; the matter was thoroughly discussed pro and con, and as a result the merger became an established fact, with the following result:

1. The business is centralized in one building. The second floor, eight rooms, of a prominent business block, was leased, remodeled, decorated and equipped for the purpose. Each doctor has his separate consultation room, his own hours and sees his own patients as of old. Should one of them be absent, his cases are attended to by one of the other physicians—just as would have happened before the merger, and the absent physician gets the fee—just as would not have happened before the merger. Patients understand this and are not so apt to suffer from delay in waiting the return of "their doctor."

2. The merger has increased the equipment of the physicians four fold. Whereas in olden times four copies of one book were necessary to supply four separate physicians, one copy now supplies the four mergers and the money so saved is expended in purchasing additional books which previously none of the mergers felt individually able to afford. The same is true of instruments and appliances. Today, instead of the scanty office outfit of last summer, they have a complete electrical outfit, X-Ray machines, Betz hot hair apparatus for knee, limbs and body, and fully equipped laboratories and operating rooms.



3. It is now possible for each member to indulge in post graduate study. In fact it is made compulsory upon each physician to take a six weeks' course in post-graduate work every year. During his absence his business is attended to by the three remaining at home and he gets his income just as though he were at home. The expenses of the post-graduate work are paid out of the common funds of the merger. The specialties are divided so as not to conflict.

4. A decided help to each individual in the merger in his every day work without putting patients to unusual expenses for consultations or exposing the physician to the insinuations of ignorance and incompetence.

Besides these palatable advantages there are many others in a business and professional way which are of undoubted benefit to the physicians, their patients and the community at large. In fact so commendable does the idea seem that to those situated similarly to our Hastings brethren we say: "Go thou and do likewise."—*Minneapolis Hom. Magazine.*

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#### *Uses for Salt.*

Salt puts out fire in the chimney.

Salt in the oven under baking tins will prevent their scorching on the bottom.

Salt and vinegar will remove stains from discolored teacups.

Salt thrown on soot which has fallen on the carpet will prevent stain.

Salt put on ink when freshly spilled on a carpet will help in removing the spot.

Salt and soda are excellent for bee stings.

Salt in whitewash makes it thick.

Salt thrown on a coal fire which is low will revive it.

Salt used in sweeping carpets keep out moths.—*Journal of Medicine and Science.*

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#### *The Wrong Kind of Doctor.*

A tramp rang a doctor's doorbell and asked a pretty woman who opened the door if she would be so kind as to ask the doctor if he had a pair of trousers he would give him.

"I'm the doctor," said the smiling woman, and the tramp left quickly.



*Personals.*

Dr. J. N. Hurty, secretary of the Indiana State Board of Health, has been made director of the Department of Hygiene at the St. Louis Exposition. He is paid \$500 a month from January 1, 1903, to January 1, 1905, with a liberal allowance for current expenses, and given a large appropriation for carrying out the work of the department. The appointment is a tribute to the ability and general hustling qualities of Dr. Hurty, and we are warranted in saying in advance that with such an able man at its head, the department of hygiene and sanitary science will be one of the prominent factors at the exposition.

Dr. Albert E. Bulson, Jr., Fort Wayne, delivered the annual address at the commencement exercises of the Indiana Dental College at the English Opera House in Indianapolis on the evening of May 2. Following the exercises Dr. Bulson was given a dinner by his Indianapolis medical friends at the Columbia Club.

Dr. K. K. Wheelock, Fort Wayne, made an extended trip through the South following his attendance at the New Orleans meeting of the American Medical Association. He returned home May 15th.

Dr. L. P. Drayer, Fort Wayne, attended the New Orleans meeting of the American Medical Association, after which he left for Southern Texas where he expects to remain for a month in the hope of benefitting his health.

Dr. A. P. Buchman, Fort Wayne, has tendered his resignation as president of the Physicians' Defense Union, and Dr. Miles F. Porter, Fort Wayne, has been elected to fill the vacancy.

Dr. George W. McCaskey, Fort Wayne, left for Washington to attend the meeting of the American Academy of Physicians immediately following his visit to the New Orleans meeting of the American Medical Association.



# MEDICAL REVIEWS

## Department of Medicine and Therapeutics

In Charge of George W. McCaskey, A. M., M. D.  
Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

### *Remarks on Achylia Gastrica and Pernicious Anaemia.*

By Max Einhorn, M. D., (*Medical Record*, February 28).  
Achylia gastrica is what was formerly called atrophy of the stomach. As is well known, it has generally been held that atrophy of the stomach is the causative factor in bringing about pernicious anæmia. Dr. Einhorn writes to show that the reasons for this belief are not conclusive. His paper is divided into three parts. In the first he studies achylia gastrica; in the second, pernicious anæmia, and in the third he asks: "Is there any connection between achylia gastrica and pernicious anæmia?" He does not believe that the relation of cause and effect exists for two reasons. (1) In most cases of achylia gastrica a nearly normal condition of the blood is found. (2) We occasionally observe the presence of gastric juices in cases of pernicious anæmia, sometimes even in an increased amount. If pernicious anæmia were caused by an atrophy of the gastric mucous membrane, the achylia would have to be well marked, as soon as the symptoms of the blood disease were apparent. It is not to be denied that the two diseases may occur together. These cases are, however, in the minority and it probably means that there is a common cause for both affections, or that pernicious anæmia finds a ready soil in cases of achylia.—  
*New York Medical Journal.*

### *Temperature Observations.*

Burton-Fanning and Champion have studied the temperature tests taken in various parts of the body, the mouth, rectum, urine, axilla, groin, etc. The mouth temperature is markedly affected by external conditions, breathing cold air or by the affect of cold on the outside of the face. The rectal temperature varies less from the oral, provided the latter has been thoroughly taken, than is usually supposed. He thinks it a good rule to allow at least five minutes in the rectum, though a much longer time may be required in the mouth. The average rectal temperature which he finds is



about 4 per cent higher than the average oral. To obtain the maximum elevation of mercury from the urine, it should be voided over the bulb and not traverse much air. The time required to obtain maximum readings in the axilla and groin may be as much as fifteen to fifty minutes in a few cases, but ordinarily ten minutes is sufficient. The rectal temperature averages about .2 of a degree above that of the urine, about .6 of a degree above that of the groin and .9 above that of the axilla. The effects of exercise on temperature are noted, raising it in all localities excepting in the mouth. As most observers have used the mouth for the determination of this fact, the results have not always been satisfactory. The authors have also studied the temperature in tuberculosis and have noted here the same rise of temperature from exercise as in health and other diseases. The patient with tuberculosis, however, is characterized by the consistency of his reaction to the slighter degrees of effort and by the fact that it usually exceeds that of health or other diseases. Menstruation also causes a rise of temperature.—*Four. A. M. A.*

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#### ***Peribronchitis and Interstitial Pneumonia.***

The majority of cases of interstitial pneumonia and peribronchitis are such as get well, if not anatomically, still practically, and their owners, when they finally die, succumb to some incidental process. Cases of hypertrophy of the connective tissue of the lungs which terminate in shrinking are most frequently observed during infancy and childhood. The patients suffering from this condition have asymmetrical chests; there is flattening on one side; diminished respiration over the corresponding part of the lung; slight or marked broncophony; slight bronchial expiration, but no rales. There is usually a history of an attack of pneumonia, bronchitis or lung fever, or a long ill-defined feverish disease during childhood. Such symptoms as have just been described are not invariably due to either tuberculosis or pleuritis. Interstitial pneumonia, or, as it might better be called, pulmonary hyperplasia with secondary sclerosis, is a frequent and frequently an independent disease. There is full recovery from it, at least so far as life is concerned, and it is not as a rule an obstacle to comfort and activity. The diagnosis of the condition from pleuritis is often difficult, and Jacobi has frequently had a suspicion that observations of apex tuberculosis which were not confirmed by the finding of bacilli in the sputum, were mistaken,



and that, in truth, the disease was interstitial pneumonia which finally recovered with induration and retraction. In a general way, capillary bronchitis and lobar pneumonia have their symptoms behind and below; tuberculosis and interstitial pneumonia above and mostly in front; pleuritis with effusion below and usually behind, and tuberculous pleuritis both above and below. Patients suffering from this condition do not cough. In acute cases of this disease, the temperature may be high and remain so for weeks; but, as a rule, high temperatures do not persist long. The treatment is chiefly prophylactic and should concern itself with the protection of the patient against infections and against colds. The diet of weak and anemic children should not consist of unmixed cow's milk too long; animal food and cereals are indispensable. Arsenous acid and phosphorus are of advantage as tissue builders. Children, 5 or 7 years of age, who do not thrive on that treatment and on food that contains enough iron should be suspected of parasymphylis. In such cases mercury, with or without iodides of iron, will often do good. When the heart muscle is feeble, a grain of digitalis daily, in divided doses, for a long period of time will improve the circulation and thus nourish the heart and rest the body. Recent cell proliferation and recently formed connective tissue are absorbable, and should be treated with iodine either in the form of potassium iodide, sodium iodide, iodipin or hydriodic acid. Iron iodide is often useful when there is anaemia but no fever. In some young and in many adults the further developments of peribronchitis and interstitial pneumonia may be into emphysema, bronchiectasis, caseous degeneration, abscess, gangrene, cavity and death.—*Phil. Med. Jour.*

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### ***Puerperal Eclampsia.***

The theories of eclampsia are noticed by Partridge, who considers the albuminuric theory insufficient. The thyroid theory may be correct in some cases, but the most generally accepted one, and the one that best explains the condition, is the toxemic or metabolic theory, and he is inclined to follow Dorlan's suggestion that acetone may be responsible, though other toxic agents also have an action and there is a promising field of research here. He considers that in treatment, chloroform, while it controls the attacks, is only treating a symptom. Morphia dries up the secretions, though this objection is more theoretical than practical. Venesection and veratrum viride are mentioned as of use in certain cases,



and pilocarpin is occasionally of much value, though it is liable to produce edema of the lungs, a danger to which the patient is already too subject. Chloral and the bromids are the sheet anchors as far as controlling convulsions are concerned. They should be preferably given by the rectum. Diuretics and cathartics should be given in every case until both the kidneys and the bowels are thoroughly active. For bowel action croton oil or saline cathartics are preferable. Hot baths, hot packs or hot air are of value and one or the other should be used in every case to produce sweating. When the temperature is rising, a cold tub bath may do good, as in one case reported. The use of normal saline solution is becoming more and more popular and deservedly so. The last and most important method of all is emptying the uterus. The method of procedure must vary with the case, using the dilator if necessary. Undue force and too great haste must be avoided, however.—*Four. A. M. A.*

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### ***The Use of X-Ray in Dermatology.***

Schiff employs the Roentgen rays as the treatment of choice in favus, sycosis and all parasitic diseases of the hairy portions of the body. Care must be taken that the applications are not continued too long; it is better to give them frequently for short periods, usually not over ten minutes, using a current of 2 amperes. The tube should be held 15 or 20 centimeters from the diseased area. The healthy skin should be protected by lead foil.—*Amer. Med.*





## DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.  
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

### *My Method of Operating in Chronic Emphyema of the Maxillary Antrum.*

Dr. Gerber (Deutsche Med. Woehenschrift:) After describing the unsatisfactory results of other methods tried by him, the author comes to the conclusion that the most effective method is to open the antrum broadly from the canine fossa, and then make a counter-opening into the nose in the middle meatus. The antrum is thoroughly curetted and cleaned out and the canine wound immediately closed. The middle fossa is chosen, as offering a better change for a large opening into the nose, through which permanent drainage may take place.—*Med. Progress.*

### *Hydrogen Peroxide as a Depilatory.*

Gallois finds that the application of hydrogen peroxide solution is a ready means of removing superfluous hair. A piece of absorbent wool moistened with the solution is applied to the region to be epilated for a few minutes daily. In a few days the hairs become bleached and finally appear as an almost imperceptible down. If the treatment be continued, they ultimately break off near the roots, and so disappear. It is then only necessary to renew the application from time to time. The method appears to possess advantages over the ordinary means employed against hypertrichosis, such as epilation by means of instruments, electrolysis, and caustic depilatories.—*Druggists Circular.*

### *Adrenalin in Metrorrhagia of the Menopause.*

(Abstract in the Medical Record for Aug. 30, 1902, from La Tribune Medicale, July 23, 1902.)

Debrand makes this report. One of his patients was a woman, of fifty years, a neuroarthritic. Ergotin did not stop the metrorrhagia from which she suffered, and the writer gave her ten drops of the 1 to 1000 Solution of Adrenalin Chloride. By evening the flow had diminished one-half. On the following day 15 drops were administered. The improvement continued. On the next day 20 drops were given, and that day the hemorrhage ceased. The dose was then decreased in inverse gradation. Since that time several catamenial periods have occurred regularly.

From all his experience the writer believes that Adrenalin is a hemostatic of the first order in the severe metrorrhagia of the menopause. It would be of advantage to employ this drug at the outset of severe uterine hemorrhages.—*Therapeutic Notes.*



### *Auto-Etherization.*

Buller (*Montreal Med. Jour.*, November, 1902), describes the method of etherization which he has used for twenty-five years and which he thinks increases its safety and adds to the comfort of the patient. The patient assumes a sitting posture and etherizes himself in this position, which prevents embarrassment to breathing. The cone employed is made of leather and packed with cotton wool. From one and one-half to two ounces of ether is poured into the cone, which is handed to the patient with instructions to apply it closely to the nose and mouth and to take long full breaths; if the vapor be too strong or a sensation of choking be experienced the patient is allowed to withdraw the cone. When the patient's hands drop, any brief operation may be performed, or the anesthetizer may take the cone and continue the etherization.—*Philadelphia Medical Journal*.

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### *Twin Pregnancy in the Fallopian Tube.*

Dr. E. Ferroni (*Zentralblatt für Gynakologie*, February 28th) reports the case of a woman thirty-two years of age whose left Fallopian tube was removed on account of a hæmatosalpinx, which could be felt as a mass in the cul-de-sac of Douglas. The mass showed tumefactions, an inner, large dark-red mass, and an outer, smaller, and lighter-colored one. Each of these masses contained an ovum, that is, the tube was the seat of a twin pregnancy, although the ova were of different periods of development. The author thinks the second ovum reached the tube and was there impregnated after wandering from the ovary of the opposite side.—*New York Medical Journal*, April 18, 1903.

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### *Poisoned Wounds by the Implements of Warfare.*

Dr. Louis A. La Garde, of the United States Army, in a paper on the above subject (*Jour. A. M. A.*, April 18, 1903) says that the wad and wadding materials used in the manufacture of ammunition are always contaminated and that the ball and explosive invariably become so by handling. In the original package the ball and explosive were found contaminated in 47 and 12 per cent. respectively. There is nothing in the act of firing either from the heat due to the explosive or to friction to destroy bacteria existing in the powder, the wad or the gun barrel. He has proven by experiment that anthrax and tetanus may be transmitted by placing the bacteria "at any point from the powder to the point of impact on the skin." Animal poison, like snake venom, as well as vegetable poisons, may be transmitted in the same way. Gun-shot wounds are quite generally looked upon as non-infected wounds, or at least were so regarded until recently. In the light of present day knowledge they should be, like all other wounds, regarded as infected and treated accordingly.



## DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.

Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort  
Wayne College of Medicine.

### *Glycerol of Iodin.*

T. W. Williams, *American Medicine*, April 11, recommends the use of this drug for tuberculosis, chronic bronchitis, chronic pleurisy, etc. It is made as follows: Put an ounce of iodine in a pint flask, and add twelve ounces of alcohol. Set the flask in a sandbath over your heater, and connect its neck, by means of a rubber tube, with a glass tube running down into a wide-mouthed bottle. The latter must stand in water kept cold with ice, or running water, to condense the vapors as they come over. Use a gentle heat until the alcohol and as much of the iodine as it will carry over with it has been distilled over into the wide-mouthed bottle. All impurities in the iodine will thus be left in the flask, and you will have twelve ounces of alcoholic solution iodine which, when you have added to it four ounces of glycerin, commercially pure, will give you a pint of pure medicinal glycerol of iodine.

It is administered by application to the skin overlying any pathological process it is desired to influence. It is claimed for it that the iodine is much more easily absorbed than when the tincture is applied. That it does not stain the skin or make it sore. That iodism may be produced in three days by its external application in the glycerol of iodine.

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### *Dry Hot Air.*

Clarence E. Skinner, in the *Boston Medical and Surgical Journal*, April 9, 1903, reviews the uses of dry hot air in various disorders, first of all rheumatism, in which he finds it useful to give some salicylic compound as an adjunct. The hot air applications cause relief of pain, shorten the duration of the disease, lessen the liability to cardiac involvement owing to the rapid control obtained over the pathologic condition, prevent the danger of reinfection, lessen the amount of drug medication the patient is obliged to take, and in many cases intractable to other measures it is curative. When ju-



iciously applied it is never productive of vicious after-effects. Sprains are also readily amenable to this agency. In many cases of arthritis deformans it is a valuable adjunct to treatment, if not a curative measure by itself. From six months to a year or more is usually required to produce a cure, but he has seen cases cured in a month. Pneumonia is another disorder in which this treatment is of value, as also in local septic infection, chronic and acute nephritis and a number of other diseases which he lists. It acts as a direct stimulant to cell metabolism in the part treated, and produces reflex local hyperemia which with stimulation of the trophic nerve supply results in increased nutrition. If hyperleucocytosis is not already present the number of leucocytes is rapidly increased from 15 to 20 per cent. though if it is present there may be no increase at all. The red blood cells are increased from 10 to 20 per cent. The quantity of urine passed is increased as well as the amount of excretion of urea. The mouth temperature rises from 1 to 5 F., the pulse is accelerated, respiration deepens, and the capillary areas become injected. Perspiration is markedly increased and more acid. The oxidation of effete matters and the general functional activity of every organ and tissue in the body is augmented without and subsequent reactionary debility. Skinner describes the technic and remarks as regards the criticism that the results are not permanent, that in cases in which the condition apparently came back after treatment, the thermal agent was not properly supported by later treatment.

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#### *Unpalatable Drugs.*

Earp in the N. Y. Med. Jour. April 11, 1903, gives several points in regard to making unpalatable drugs less disagreeable to the patient and insists on the importance of this point. To give castor oil in one dose, perhaps the "castor oil sandwich" is the best method. In the bottom of a glass put a small quantity of glycerin, then the oil, and lastly a little sherry wine on top. Take at one draught. This will also apply to the single dose of cod liver oil. Soda water will also be affective. It will also do for Epsom salts, but the ordinary "soda pop" is better. Quinin is hard to disguise. The preferable method, according to Earp, is to give one grain of tannic acid to each three grains of quinin in a vehicle of syrup of tolu. The iodide and bromid of potassium and salicylic acid may be given in milk, which also prevents gastric irritation. If copaiba and tur-



pentine are not used in gelatin capsule form, an emulsion flavored with gaultheria comes next in order. For chloral hydrate he thinks peppermint water better than cinnamon. Equal parts of peppermint water and simple syrup make a good solution for salicylate of sodium. Unless there is an objection to the intensely sweet taste, the syrup of glycyrrhiza answers best for sodium salicylate. After flushing the mouth with a little whiskey the medicinal oils may be taken immediately, and the disagreeable taste is not so perceptible. A few grains of table salt taken on the tongue will produce a copious flow of saliva, and then, if swallowed with medicine which has no objectionable taste, it may be somewhat disguised. Care should be taken as regards chemical incompatibility in these cases. If lemon ice is held in the mouth for only a moment, a teaspoonful of a preparation which would otherwise seem nauseous may be taken with very little unpleasant effect. When the secretions are inactive and the membranes parched and dry, bitter principles are apt to produce a very worst effect and leave an unpleasant aftertaste. Sometimes simply a drink of water will obviate this condition, or perhaps a lump of ice held in the mouth or water acidulated with dilute phosphoric acid, to be taken before the medicine. A combination of syrup of red raspberry and glycerin makes a unusually palatable vehicle. He also recommends sodium bicarbonate with salicylic acid and sodium salicylate.—*Four. A. M. A.*

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#### ***Colles' Fracture.***

In the treatment of Colles' fracture the question is not so much what form of splint or dressing should be employed, as whether perfect reduction has been attained. Use anesthesia and the X-rays rather than leave the slightest doubt in regard to this matter.—*International Journal of Surgery.*





## DEPARTMENT OF OPHTHALMOLOGY OTOLOGY, LARYNGOLOGY & RHINOLOGY

**In Charge of Albert E. Bulson, Jr., B. S., M. D.**

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

### *Labyrinthian Trouble Caused by Salicylate of Soda.*

It is astonishing how seldom we meet with labyrinthian complications as a result of using large doses of either quinine or salicylate of soda. We know that both of these drugs produce congestion of the labyrinth, and yet, in our cases of iritis and articular rheumatism, large doses of salicylate of soda are given, and we are equally familiar with the generally free use of quinine in the malarial belt. It is no uncommon experience to have patients tell us of the intense buzzing and fullness of the head which is experienced after taking either of these drugs, and yet we seldom hear of a serious aural complication. Yet we know that there is danger in the administration of either of these drugs where there is an inflammation of the middle ear. Quinine especially is an enemy when middle ear suppuration is present. Occasionally serious labyrinthian troubles may be produced in a previously healthy ear by the ingestion of large doses of either salicylate of soda or quinine. Such reports should teach us at least to be careful and not treat lightly the distressing and subjective noises which are so frequently produced when we are treating iritis and rheumatism in the prescribed manner. —Randolph in *Progressive Medicine* for March, 1903.

### *Early Incision of the Drum Membrane.*

In reviewing the literature upon this subject appearing within the past year, Dr. Randolph, in *Progressive Medicine*, for March, says that he has been forced, as a result of his own observations as well as through the observation of others, to entirely change his views with reference to conservatism on the subject of early incision of the drum membrane in acute otitis media. He says so far as he can see, when properly done, the operation is an innocent one and he is convinced that much harm has resulted in the past, and in fact does at the present time, from not resorting oftener and more promptly to this operation. Just as soon as there is any bulging of



the drum membrane, associated with fever and pain, in Randolph's opinion it is time lost when spent in efforts to mitigate suffering by means of hot applications. A clean long cut heals promptly because the cavity is thoroughly emptied of its infectious contents. Delay means breaking down of the tissue, perforation, and a more or less lengthy siege of otorrhea. The statistics of experienced operators and observers show conclusively that the quicker the incision of the drum membrane the quicker the healing. For instance, the statistics of Korner, of Rostock, show that cases operated on the first day healed in seven days; cases operated on the second day healed in nine days; cases operated on the third day healed in fourteen days; cases operated on the fourth day healed in fifteen days; cases operated on the fifth day healed in sixteen days; cases operated on the sixth day healed in twenty-four days; and cases operated on the seventh day healed on the twenty-sixth day. That the prompt opening of the drum membrane is the best safeguard against mastoid complications is evidenced by these statements. Of 90 cases of mastoiditis operated on in a given time, in only fourteen was there a history of having had the tympanic membrane incised, and of these fourteen, only four had been incised on the first or second day. In other words, in ten out of the fourteen incision of the membrane had been delayed. In an unbroken series of mastoid cases which were operated upon only 43 had a history of having had an incision of the tympanic membrane, and in the same space of time incisions in the drum membrane were made in twelve hundred cases in the same clinic.

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#### ***Irrigation After Incision of the Drum Membrane.***

The question of irrigating immediately after incising the drum membrane is one in which there is some diversity of opinion. Randolph believes that in cases where there has been much pain and where the latter symptom has disappeared promptly on rupture, (either spontaneous or artificial) of the drum membrane, a fresh attack of earache can be set up by the stream of water against the inflamed sensitive membrane. For at least forty-eight hours Randolph is content to see that the discharge is freely flowing, and has usually introduced a small piece of iodoform gauze into the canal to act as a drain. After the fulminating symptoms have subsided he commences with the irrigations.—*Progressive Medicine*, March, 1903.



### *Nitrate of Silver in Otitis Externa.*

Dr. Robert L. Randolph, in *Progressive Medicine*, for March, says that he finds nitrate of silver in a solution 60 grains to the ounce the best and most satisfactory treatment for that form of otitis externa, accompanied by intolerable itching, but without pain or inflammation. He believes that the silver treatment will produce satisfactory results when yellow oxide ointment and various other treatments suggested in the text-books fails. He follows the directions laid down by Buck, in not leaving the fluid in the ear for any fixed period of time. The canal is entirely filled with the solution up to the meatus. As soon as the patient experiences a burning or throbbing sensation, the ear should be irrigated and the silver solution washed out. He seldom finds that the solution causes any actual pain, and it not only infrequently happens that the solution will remain 20 minutes in the ear without giving rise to discomfort. Following this the treatment is continued by the use of an ointment consisting of 5 grains of salicylic acid, 10 drops of carbolic acid, to  $\frac{1}{2}$  ounce of vaseline. This ointment should be applied to the canal twice daily, and he has not seen a case which failed to yield to such measures.

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### *Local Anaesthesia of the Drum.*

Gray, of Glasgow, recommends the following solution as a local anæsthetic for the drum membrane: Cocaine, 5 parts; aniline oil, 50 parts; alcohol, 50 parts. While this solution possesses very poisonous properties when used indiscriminately, yet it is probably the most satisfactory anæsthetic we possess for operations upon the middle and external ear. It is suggested that immediately after an operation has been performed under anæsthesia from this solution the ear should be thoroughly irrigated to remove any surplus solution which may remain and add to the production of toxic symptoms.

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### *Tinnitus.*

In the March *Progressive Medicine*, Dr. Randolph discusses this subject, but says that in the treatment of tinnitus we are still for the most part seeing through a glass darkly. He has, however, been especially struck with the value of Thiosinamin in tinnitus aurium, and reports that he has frequently seen this disagreeable



symptom disappear altogether under the administration of  $\frac{1}{2}$  grain doses of the drug three times a day. At times the dosage can be increased to  $1\frac{1}{2}$  to 2 grains three times daily, though the latter dose usually produces a very disagreeable vertigo necessitating cessation of the administration of the drug. He finds this remedy most useful in those cases where we have an exudate which remains unabsorbed, also in such cases where the membrane has been ruptured and where reconstruction has taken place by cicatricial tissues which become insensitive to the minute vibrations of the drum. In such cases the cicatrix can be materially thinned by the administration of thiosinamin, while thickening of the drum membrane may be reduced by its prolonged use. The remedy seems to be absolutely harmless, and can be given in almost any dose to either old or young, providing that there is no latent focus or inflammatory reaction in the individual, for such focus is apt to be fanned into activity by the use of thiosinamin.

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#### ***Deafness from Mumps.***

There can be no doubt of the fact that deafness is a rather frequent complication of mumps, and from a study of the various cases on record it will be noticed that in addition to the deafness, subjective noises, vertigo and nausea are sometimes seen. The deafness accompanying mumps invariably makes its appearance suddenly and is complete. Several well-known observers have reported that they have failed to find a trace of hearing left after mumps has involved the ear. Sometimes the deafness is unilateral but is frequently bilateral. Persistent subjective noises are always present. Though vertigo is quite common, its character is different from that seen in Meniere's disease in which the subjective noises and deafness are the initial symptoms and are exaggerated by movement, such as walking, and are rarely continuous. Deafness caused by mumps is seldom accompanied by changes in either the tympanic membrane or external ear. There seems to be no doubt but that the lesion is situated in the labyrinth, and we have in this region an effusion either hemorrhagic or serous in character. The effect of this effusion is to cause atrophy of the organ of Corti and of the auditory nerve. Treatment of these cases is unsatisfactory in the extreme and all authorities now recognize the futility of treatment of any sort whatsoever.—*Progressive Medicine*, March, 1903.





## BOOK REVIEWS

### *Hyperchlorhydria, A Symposium:*

The June issue of the "International Medical Magazine" will be devoted to a symposium on this most important gastric subject, than which none more important has ever been published in any American Journal. More than half a dozen of the leading European specialists will contribute, among whom are: Prof. C. A. Ewald, Berlin, Prof. George Hayden of Paris, Prof. Carl Von Noorden of Frankford, Dr. L. Kuttner of Berlin, Prof. Rosenheim of Berlin.

The selection of contributors from this side of the Atlantic has been equally happy, and the following will take part: Prof. John C. Hemmeter of Philadelphia, on "An Experimental and Clinical Study of the Etiology of Hyperchlorhydria." Dr. Allen A. Jones of Buffalo, on "The Effervescent Test for Gastric Acidity." Dr. Boardman Reed of Philadelphia, on "A Further Development of the Benedict Effervescent Test of Gastric Acidity." Dr. John A. Lichty of Pittsburg, on "The Relation between Hyperchlorhydria and Neurasthenia." Prof. Fenton B. Turck of Chicago, on "The Treatment of Hyperchlorhydria." Dr. A. Robin of Newark, Delaware, on "The Etiology of Hyperchlorhydria." Dr. Max Einhorn, and others.

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### *First Class Reading.*

The man or woman who loves profitable reading, which is as entertaining and amusing as it is profitable, ought to see "Modern Eloquence." This is a work consisting of ten elegant volumes, which can be secured at a very moderate price considering the wealth of its contents and the beauty of its binding. As its name implies it consists of words of wit and wisdom from the leading orators of the time. The reputation of those who are represented in this work is such that they could not afford to give anything which was not good; and, of their good, the very best has been carefully chosen. The hundreds of subjects dealt with include all those which from time to time occupy the attention of the thoughtful. The mere enumeration of these subjects would occupy a column of this paper. To give a list of the names of the contributors would mean simply the transcribing of the most



famous in arms, in arts and song, who have charmed and captivated audiences from the lecture platform, and who have been instructed and entertained by after-dinner speeches. Those who are interested in this work (which should mean all who care for really good reading) should write to the publishers, John D. Morris & Company, Chestnut street, Philadelphia, for a large and handsome portfolio, containing eleven sample, full-page photogravures and chromatic plates, and eighty specimen pages of brilliant after-dinner speeches, lectures, addresses, anecdotes, etc. This is on the principle of "Taste and try before you buy," and is in itself proof positive of the full confidence of the publishers in the value of the work which they are offering to the public.

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***Tuberculosis or Consumption.***—By H. H. Spiers. Published by the author, 124 W. Lorian St., Oberlin, Ohio. Price \$2.00, post paid.

This book consists of a collection of papers prepared and read before various medical bodies in the last fifteen years by Dr. Spiers.

The burden of the book is the emphasis the author gives to the role of heredity, or the importance he attaches to the soil in the contraction of tuberculosis. His claim that phthisis may occur without the presence of the tubercle bacillus is of course at variance with the generally accepted teachings of modern pathology: The profession generally are acquainted with the fact that all individuals are exposed to the disease and that only those acquire it who have the soil ripe for the growth of the germ and are therefore unable to overcome the infection, but we do not think pathologists will agree to the proposition that the bacillus is only an incident in the disease.

The essays before us offer no pathological data to support their conclusions. No autopsies are recorded. No laboratory work has been done. Mere theory has been indulged in. Workers in the field, however, will support his contentions that the cure for tuberculosis lies in out-door life.

B. VAN S.

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***Physical Diagnosis. Diseases of the Thoracic and Abdominal Organs. A Manual for Students and Physicians.***—By Egbert LeFevre, M. D. Professor of Clinical Medicine and Associate Professor of Therapeutics in the University of Bellevue Hospital Medical College; Attending Physician to Bellevue and St. Luke's Hospitals, etc. Illustrated with 74 engravings and 12 monochrome plates. Lea Brothers & Co., Philadelphia and New York. 1903.

This little volume is a very complete and practical guide in physical diagnosis within a small compass. The general practitioner will find it a valuable aid for quick reference to the common questions concerned in physical diagnosis.

G. W. M.



***Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition.***—By Dr. Carl Von Noorden, Physician in Chief to the City Hospital, Frankfort, A. M. Authorized American Edition Translated under the direction of Boardman Reed, M. D., Professor of Diseases of the Gastro-Intestinal Tract, Hygiene and Climatology, Department of Medicine, Temple College; Physician to the Samaritan Hospital, etc. Part II. Nephritis. Cloth, pages 112, price \$1.00. New York. E. B. Treat & Company. 1903.

This little brochure by a clinician of international renown deals with some very interesting questions connected with practical medicine, and is limited to the subject of nephritis in part II of a work based on a general plan. Its persual will amply repay any one interested in clinical medicine. G. W. M.

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***Progressive Medicine.***—A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital, member of the Association of American Physicians, etc. Assisted by H. R. M. Landis, M. D., Assistant to the Out-patient Medical Department of the Jefferson Medical College Hospital. Volume I. March, 1903. Surgery of the Head, Neck and Chest, Infectious Diseases, including Acute Rheumatism, Croupous Pneumonia and Influenza, Diseases of Children, Pathology, Laryngology and Rhinology, Otology. Lea Brothers & Co., Philadelphia and New York 1903.

This volume deals with the surgery of the head, neck and chest, infectious diseases, and diseases of children, pathology, laryngology and rhinology and otology. The chapter on surgery deals very largely with the important development in the operative treatment of brain lesions. Altogether the advances along this line have been very satisfactory and hold out much promise for the future. The chapter on infectious diseases by Dr. Herrick and on pathology by Dr. Hektoen are especially valuable resumes in this department.

The volume is one of unusual merit and fully in keeping with the high standard which has been established by its predecessors.

G. W. M.

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***The International Medical Annual.***—1903. E. B. Treat & Co., 241-243 W. 3rd Street. New York. Price \$3.00.

This work has proven its usefulness by attaining its majority. The twenty-first International Annual sustains the reputation made by its predecessors, and is certainly a most convenient reference to recent progress. It does not weigh and appraise the conclusions of authors but merely condenses and elucidates them. The articles on X-Rays, Cancer, Dyspepsia and the general review of Medicine and Surgery just inaugurated with this number are deserving of special mention. It is well worth its price.

B. VAN S.



# Fort Wayne Medical Journal-Magazine

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## EDITORIALS

### *Unconfined Lunatics;—An Expensive Lesson.*

The city of Fort Wayne has recently had an experience which ought to be a lesson from which our lawmakers may profit. Several years ago a young man who had shown pronounced symptoms of mental derangement, as evidenced by attempts to destroy property, and other actions characteristic of one of unsound mind, was pronounced by a commission of lunacy insane, but upon application to the State authorities for his detention and care it was found that he could not be admitted to any of the State hospitals for insane through lack of room. In consequence the man was taken to the insane ward of the county poor farm in lieu of the inability of the relatives and friends to pay for treatment at a private asylum. While under confinement at the poor farm the man exhibited but few evidences of insanity, and quite re-



cently, owing to the crowded condition of the institution, he was allowed to have his freedom, in the belief that he was not dangerous. That a very serious mistake was made was soon evidenced by the fact that within a few hours' time the patient started eight or ten fires in different parts of the city of Fort Wayne, resulting in a property loss of several thousand dollars. But for the fact that the fires were started in the day time, and were promptly reached by the several fire departments of the city, and through the diligent efforts of the entire police force the man was finally detected and caught, the loss would have been much greater. It is also quite evident that had the man been accepted at one of the insane hospitals, as should be the case whenever a mentally unbalanced person is assigned to one of the State institutions, this loss could have been averted, for had the man been under the care of competent physicians he would, in all probability, not have been released, as his mentally unbalanced condition and menace to the public would have been recognized. It is also fortunate that the insane acts of this individual applied to the destruction of property and not lives, or otherwise a more shocking disaster could be recorded as an indirect result of the state's lack of provision for the care of all the mentally unsound who require confinement for the protection of lives and property. Editorially commenting on this matter the *Fort Wayne Daily News* has the following timely remarks on the subject;

“The chief fact of importance is that the state should have room enough in its hospitals for the treatment and detention of the insane. Insanity in this case brought about moral degeneration amounting to obliteration of the moral sense. The accident which changed a young man from a law-abiding citizen to an irresponsible moral agent was one of intense distress to his family and friends. It presented a situation that required the aid of the state, but, when, after many instances of depravity, the young man was legally declared of unsound mind and in need of treatment, it was the state's fault that the institution provided for such unfortunates could not find room for him. Society owes to such



unfortunates as much as to any class of its fellows. It is difficult to imagine a more distressing affliction than a mind unbalanced. The last legislature failed to give the hospital for this part of the state the means to increase its capacity, and its inability to take care of this patient has resulted in the destruction of about \$12,000 worth of property, with a narrow escape from a great deal more. It is a heavy tax for the community to pay when it might all have been prevented."

A. E. B.

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### ***Medical Fakirs.***

That the United States is full of medical fakirs who are living upon money dishonestly gotten is a shame. That the money they get is always gotten from the credulous, and often from those who are poverty stricken as well, makes the shame of it all the greater. Now and then however a bright star of hope makes its appearance in the medical firmament. Sometimes, of course, these stars shine but a short while and then go out, but on the whole they are growing more numerous, and the number of 'fixed stars' seems to be increasing. The latest to appear is in the east and we are told on the best of authority that it "has come to stay." The Medical Society of the county of Erie has sent one of these fakirs to the penitentiary for 50 days and promises to vigorously prosecute all violators of the laws relating to the practice of medicine in New York.

We are told by the *Buffalo Medical Journal* that the people are indebted to the *Buffalo Review* for the prosecution of another medical fakir, one Antone J. Weichers, alias Antonius, the Boy Wonder, aged 39 years. It is certainly refreshing to find occasionally a secular paper which refuses to become a part to the deceit and fraud practiced by the medical mountebanks. As a result of the crusade of the *Review* the grand jury returned three indictments against the "boy wonder," and of the three the one for conspiracy to defraud was selected upon which to try him. After a trial lasting five days the jury quickly returned a verdict of guilty. In imposing sentence Justice Kruse said so many good healthful things that we herewith print it in full as did the *Buffalo Medical*



*Journal* to whom we are indebted for the report of the trial of both Antonius and the fakir above referred to in this article as having been sent to the penitentiary for 50 days.

“By whatever name you may have seen fit to have called the practice in which you were engaged, I am quite satisfied that it was permeated with fraud and deception. There may have been isolate cases where people have received some relief from the physicians that you have had with you, but I think it general you have taken money from people to which you are not entitled.

“The practice adopted by you was well calculated to deceive the credulous and simple-minded. Many of them were of that class of people who are easily imposed upon, and if there is any class of people above another that the law should shield and protect from imposters, like yourself, it is that class of people. As they came upon the stand, one after another, some of whom testified for as well as against you, their condition excited pity. Their simplicity was pathetic. To their burden of chronic ailments in many instances was added that of poverty. You took their money and, in my judgment, you were not entitled to it.

“It is, however, true that you have simply been convicted of a conspiracy to commit a fraud in connection with others, and not of the fraud itself, which of course is not so serious a crime as where a person actually commits a fraud. While the evidence does show that you did actually take money, yet that was not the crime for which you were being tried, although it was brought out in the testimony tending to show the unlawful scheme and conspiracy which you and your confederates hit upon, for the purpose of getting money his money.

“In the view which I take of your conduct, therefore, I can't be lenient in this case. The suggestion has been made by some of your friends that a fine ought to meet the requirements. I can't take that view of it. The law does not permit people like yourself to impose upon persons whose horizon in life has been narrow and circumscribed, and who are most easily imposed upon. It is necessary, in the interests of justice, that I should impose imprisonment and the sentence of the court is that you be confined in the Erie County Penitentiary for the period of nine months.”

What a harvest of good might be reaped if every community had in it a newspaper like the *Buffalo Review* and a justice like Justice Kruse. All lovers of justice and right should exert them-



selves in support of such men and such papers, and the medical profession in particular, whose special duty it is to protect the public from these medical monstrosities and moral degenerates, should see to it that all who join with them in this holy war be rewarded as they deserve.

M. F. P.

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***The Value of Ergot in Pulmonary Hemorrhage.***

The continued use of ergot in pulmonary hemorrhage by many physicians shows a lack of due appreciation of the physiological action of the remedy. *A priori* it would seem that anything which would raise the pressure in the pulmonic vessels would increase rather than diminish the tendency to hemoptysis whether the bleeding came from an artery of considerable size whose walls had ulcerated through or whether it was venous or simply a diapedesis through the capillaries. Conditions favorable to the cessation of hemorrhage from the lungs are low pulmonic pressure, rest, slow action of the heart, et cetera—conditions that favor the coagulation of blood within the vessels.

It is very well established that ergot raises the blood pressure in both the general and pulmonary systems through stimulation of the vaso-motor center and through its effect of contracting involuntary muscle fibre everywhere. How, then, can it be expected to do good in pulmonary hemorrhage? If it could be shown that ergot was capable of contracting arterioles until it completely arrested the flow through them for a time long enough to allow of clotting it would follow that ergot would arrest bleeding from pulmonary arterioles, but this has never been demonstrated and is not true. On larger vessels and veins it is never thought of in this connection.

The use of ergot in all hemorrhages has been brought about by its brilliant effect in post-partum bleeding where its efficacy is due to its influence in causing contraction of unstriated fibre which in turn closes the mouths of the bleeding vessels.

B. VAN S.

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***The Christian (sic) Hospital of Chicago.***

In this new and striking "get rich quick" era of all sorts of concerns the medical profession is continually bombarded with multitudinous fakes and fads in the hope, frequently realized, of



defrauding them of at least some small share of their surplus earnings incidental to the prevailing and unexampled prosperity. The writer's waste basket is daily enriched by quantities of such trash which passes in unopened if there is anything upon the exterior to indicate its character. This, however, is often adroitly omitted, anticipating the probable result if the nature of the contents was apparent.

Among the most flagrant and shameless enterprises of this sort to fleece the gullible members of the medical profession out of a few hard earned dollars is that of the so-called Christian Hospital of Chicago. The most startling thing about it was the name of Dr. John B. Murphy at the head of the staff. A careful examination of the remaining sixteen names failed to show a single one known in the current medical literature. Almost immediately upon receipt of this circular came the number of the *Journal of the American Medical Association* containing Dr. Murphy's announcement of the fraudulent use of his name. This, of course, eliminates his personality from the nauseous mess further than to express the hope that if there is recourse under the laws of Illinois for such fraudulent misrepresentation bolstered up by his name, he will energetically avail himself of it to show not only that he was imposed upon, which no one doubts, but that he is prepared to go to some trouble to protect the unwary and mete out suitable punishment to the nefarious scoundrels concerned. His disclaimer in the Association Journal is timely and should be widely copied by the medical press.

The subject matter of the circulars and the character of the scheme in general are scarcely entitled to more than a passing notice. The following is the circular letter which accompanied a gaudily printed certificate having much the semblance of a diploma, its substitution for which in States where laws are lax being evidently in mind.

CHICAGO, ILL., May 26, 1903.

DEAR DOCTOR:—

Enclosed we hand you announcement of our hospital, together with one of our Physician's application blanks for you to fill out and return to us, should you wish to be appointed a member of our staff.

The advantages and benefits to be obtained by joining us are briefly stated as follows, viz.:—

1st. Our Certificate of Membership (see fac-simile) is



artistically designed, and executed in the highest style of the lithographers' art, neatly framed and hung on the walls of your reception room, it *imparts confidence* to all visitors and patients, and is a much *stronger* drawing card than an ordinary diploma, as it indicates a *higher* attainment.

2nd. We furnish FREE with each of our certificates (or at \$5.00 when ordered separately) a SOLID GOLD lapel button of special *Red Cross* design in enamel, and the words "CHRISTIAN HOSPITAL, CHICAGO," in circular form around the red cross; also a neat pocket membership ticket. This alone if displayed judiciously will bring more dollars annually than the cost of your membership.

"DOLLARS TO DOCTORS," Dr. N. E. Wood's new book on "Case-Taking and Fee-Getting" will also be given FREE to all members who take our \$20.00 or \$25.00 Certificates.

3rd. We will agree to pay you a cash commission of 50 per cent. of all surgical fees, and 25 per cent. of all medical fees received from patients you *bring* or *send* to us. This, of course, *will be held strictly private and confidential*. Your professional interests as well as our own demand this.

4th. We have a large number of the best Chicago surgeons and specialists in all branches on our staff, therefore *you are assured* that the surgical and hospital cases you send us will receive the most expert treatment, equal to the best to be obtained in any medical center. You can bring in a case and spend a few days with us and take a *free Post Graduate Course*, and the patient (through us) will pay all your expenses.

5th. We have a *Lying-In Department* in connection, and invite you to refer maternity cases "unfortunate" or otherwise, who are seeking the quiet seclusion of such a necessary Institution.

6th. We usually appoint but one Physician in each locality, so if you desire this appointment it will be necessary to get your application in early, for if not accepted in a reasonable time, it will be offered to one of your neighbors.

Yours fraternally,

CHRISTIAN HOSPITAL,  
N. NEWS WOOD, A. M., M. D.,  
President and Superintendent.

It does not seem possible that very many physicians would be fresh enough to take such a bait. But the daily press every



now and then gives us the information that they are continually throwing their money to the sharks of the "get rich" concerns about which we have heard so much of late.

The whole affair has really a very ludicrous aspect when looked at through the proper sort of spectacles. For instance the quality of stationery upon which the flaming message of fame is printed, gives rise to a variation of ten dollars in the price of a certificate. Heavy royal linen is \$15.00; imitation of parchment is \$20.00; genuine sheepskin is \$25.00. The man of moderate means could only afford to sport royal linen paper, and, of course, the benefits accruing could not possibly equal those enjoyed by his plutocratic brother who could plank down the magnificent sum of \$25.00 and become the possessor of a genuine sheepskin which would make his fame and fortune secure for all time to come. Even a slight element of credit enters into the transaction. If the would-be possessor only happens to have \$5.00 in his possession, this will be accepted in advance and the artistic document executed and forwarded by express C. O. D.

Among the nicer refinements of the scheme in the artistic details of the certificate of the concern with a capital stock of \$250,000.00; might be noted the option upon the part of the subscriber to have the certificate of membership in Latin or English; or have his name engrossed in Old English or round hand style of letters, and, of course, every one of the thousands who have received the circulars have had the flattering offer made them to be appointed upon the staff of physicians, surgeons and specialists of the aforesaid hospital. They are admonished that the list of appointments will be closed shortly and that it will be necessary to get the application in early for if not accepted soon it will be offered to some competitors.

The alluring announcement is made that "It will bring you prominently before the general public to be endorsed by a reputable Chicago Institution like the Christian Hospital."

After all it seems hardly worth while to puncture such an obviously patent air-bubble as this for any one who would be victimized by it is so "easy a mark" that he is certain to be hit sooner or later by the fullisade now coming thick and fast from every quarter.

G. W. M.

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### ***The Richmond Meeting of the Indiana State Medical Society.***

The 1903 annual meeting of the Indiana State Medical Society, held in Richmond on Thursday and Friday, June 4 and 5, has passed into history, and we believe marks an epoch in the



progress of the Society. The most important work accomplished was the adoption of the reorganization plan suggested by the American Medical Association and advocated in this Journal for several months as absolutely necessary for the best interests of the Society and the medical profession of the state. Fortunately the plan suggested by the American Medical Association was adopted in its entirety without a dissenting vote, and at this writing the Indiana State Medical Society is operating under a new constitution and by-laws and a change of name to the Indiana State Medical Association.

While the new plan differs from the old but little, yet the new features are a valuable addition, and make it possible to further perfect the plan of organizing and unifying the medical profession in the state. Under the new constitution the Association will have a House of Delegates, corresponding to what we formerly had as a Committee of Nominations, to transact all of the business of the Association; and a Council, composed of one representative for each congressional district of the state, which is to be the Board of Censors of the Association to consider all questions involving the rights and standing of members, whether in relation to other members, to the component societies, or to the Association. To the Council will fall the duty of organizing medical societies in the various counties throughout the state, where none now exist, and proposing and carrying into effect means and measures for furthering professional interests in general.

Under the new constitution the general sessions will not be interrupted as in the past with miscellaneous business, as all business which previously has been considered in open session will now be taken care of by the House of Delegates or Council. In minor details the new constitution makes provisions for furthering the work of the Association, which under the old constitution were not possible.

We believe that the Society is to be congratulated upon having taken this step which was demanded in the interest of progress and professional unity. With suitable effort on the part of the counselors of the various districts, to whom will fall the responsibility of organizing medical societies in every locality where no society now exists, we may confidently look forward to a marked increase in the membership before the next annual meeting, which is to be held in Indianapolis in May 1904.

While the adoption of the reorganization plan was the most



important piece of work accomplished at the Richmond meeting, yet we have only praise to offer for not only the high character of scientific work performed, but the very pleasing and satisfactory manner in which all of the affairs of the Society were conducted. Not in the history of the Society have the members met with more hospitable attention than was accorded by the citizens and local medical fraternity of Richmond. Nothing was left undone that would add to the comfort, convenience, or pleasure of the visitors, and nothing that goes to make a successful meeting in all particulars was omitted. A. E. B.

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***The Relationship of the General Practitioner to Appendicitis.***

At the meeting of the Indiana State Medical Society held at Richmond, June 4 and 5, a paper was read by Dr. O. G. Pfaff, of Indianapolis, entitled "A Consideration of the Basis for Modern Surgical Treatment of Appendicitis," and another by C. S. Hoagland, of Milroy, entitled "Is Appendicitis Increasing." In the discussion of these papers, particularly the former, it developed, from the text of the paper itself as from the discussion, that appendicitis was considered a surgical disease "from start to finish" and should be treated only by the surgeon. It appeared also, as it always does in discussions of this subject, that the general practitioner is held by the surgeon to be culpable in his neglect to call in the surgeon as soon as appendicitis is suspected in order that a timely and life-saving operation may be made. It was insisted again and again that the general practitioner, who first sees these cases, ought to call the surgeon immediately. The question then arose in the mind of the writer as to the exact relation the general practitioner was expected to bear to cases suspected by the surgeons of being appendicitis. In answering the query, Dr. Pfaff, in closing the discussion on his paper, stated that the relationship of the general practitioner to appendicitis was the same as it was to gun-shot wounds of the abdomen.

Now, it is not our purpose to excuse anyone from neglecting to secure for the patient the very best chance for complete recovery, but it seems to us that the general practitioner has more to do with appendicitis than is indicated by Dr. Pfaff's remarks, especially when the question is one of diagnosis.

When one is called to a gun-shot wound of the abdomen he sees the point of entrance at least, and *knows* that it is a gun-shot wound. He does not know its extent, but he does know that if hemorrhage is going on it must be stopped and that rents in the bowels must be immediately repaired to prevent peritonitis. His course of action is plain. Someone must inspect the abdominal



contents and repair the damage, and if he does not care to do it himself he must get someone to do it for him. If, however, he is called to a case suspected of being appendicitis he is many times confronted at the outset by a doubt. Is it really appendicitis, or something not so serious, which simulates it? Upon this question depends the treatment.

It may be objected that Dr. Pfaff's comparison would not apply to cases that did not prove to be appendicitis. But this will not do. One can not disassociate the treatment from the diagnosis of these cases, and surgeons appropriate to themselves the office of enlightening us upon the diagnosis. They see so much of it that they become expert in the diagnosis. In fact they become so expert that they can see it where any number of intelligent and well qualified general practitioners can not see it, and one of the speakers admitted on the floor that he had removed many appendices that had to be submitted to the microscopist to determinewhether they were diseased or not. Any numskull may see what a close similarity exists between the relation of the general practitioners to such a case and one of gun-shot wound of the abdomen.

We have seen many cases where a difference of opinion existed between the attending physician and surgeon as to the advisability of operation, the advice of the surgeon being finally accepted, and we must say that operation has not always proved the surgeon correct. On the other hand, we know of no capable general practitioner who has opposed operation upon a case where the diagnosis has been plain or even where it has appeared certain that the malady was capable of alleviation, even though not clearly appendicitis, by surgical means.

That mistakes in diagnosis are not uncommon, even by the best surgeons, is apparent to anyone of much experience. Dr. J. B. Herrick was moved by the realization of this fact to report cases of pleurisy and pneumonia which he had known to be operated on for appendicitis when no such condition existed, and in the discussion of his paper (which was read before the section on Practice of the American Medical Association, New Orleans Meeting) McCrae of Johns Hopkins reported other similar cases. Typhoid fever is frequently operated for appendicitis. Colonic disease, enteritis, acute infectious diseases, rheumatism and even hysteria have suffered the same fate, none of which are surgical diseases at present although during their progress pain in the right iliac region, with tenderness and rigidity may arise. The surgeon becomes too single in his purpose to find appendicitis. He becomes absorbed in it. He does not study other conditions of a medical nature, and to avoid the humiliation of removing healthy appendices occasonally it would appear better for him to think of the general practitioners' relation to appendicitis in a broader way than he holds the general practitioner's relation to gun-shot wounds of the abdomen.

B. VAN S.



## C O R R E S P O N D E N C E

### *Commercialism in the Medical Profession.*

*Editor Fort Wayne Medical Journal-Magazine:—*

In looking over the *Journal of the American Medical Association* issue of May 23d, we note, in an obscure corner, under the head of correspondence, a letter from Dr. J. B. Murphy of Chicago. The letter goes under the caption "Fraudulent Use of Dr. Murphy's Name." The fraud, according to Dr. Murphy, consists in the use of his name as president of the "staff" of eminent physicians and surgeons at the head of a pretended institution styled the "Christian Hospital" of Chicago.

We were certainly glad that Dr. Murphy denies that he loaned his name to this most openly bare-faced fraud. Not so much on account of his individuality as by reason of the fact that he had once represented the surgical interests in America by being chairman of the Section of Surgery of the A. M. A. It seems to the mind of the average physician that Dr. Murphy owes the medical world more than a mere perfunctory denial that he had allowed the use of his name to this coterie of rascals. The scheme is a fraud and no one knows this better than does Dr. Murphy. There is no doubt but many physicians who have received the prospectus of this fraudulent "Christian Hospital" scheme looked upon it as having genuine merit and have sent their money to the swindlers under the supposition that Dr. Murphy was a bona fide stockholder and promoter, and that his name, in autograph, was a guarantee of good faith. We might pertinently ask if it is usual for such bare-faced swindlers, even as the promoters of this fraud are known to be, to unauthoritatively use the name of a man eminent in the profession and a resident of the city in which the swindle had its birth? They have gone even further. They have taken a photograph of Dr. Murphy as he appears in a clinical demonstration in some hospital operating room and reduced it and placed it at the head of the sample diploma of this "Christian Hospital" swindle. This may possibly, I admit, be done without the knowledge of one, but it would seem that few, even so brazen as the average Chicago black-leg, would dare to defame a man so



closely identified with the best interests of the profession as Dr. Murphy is, without fear of legal prosecution. We are bound to believe what Dr. Murphy says, yet we could wish that his denial had been accompanied by the assurance that the perpetrators of the fraud would be exposed and brought to justice. We must all feel a strong hope that no one in Dr. Murphy's employ so far transgressed the confidence reposed in him as to assume to act for Dr. Murphy and thus give the promoters of this gold-brick scheme the moral right to use Dr. Murphy's autograph signature and his photograph clinic. It is to be hoped that Dr. Murphy will have something further to say in denunciation of this fraud, not only for the good of himself but in the interests of a profession which by reason of the venality of a certain few is fast drifting into hopeless commercialism.

In the "Christian Hospital" circular letter, under the head of "The advantages and benefits to be obtained by joining us," this commercial proposal appears: "3rd, we will agree to pay you a cash commission of 50 per cent. of all surgical fees, and 25 per cent. of all medical fees received from patients you *bring* or *send* to us.

Here then is reduced to commercial brokerage what I have had occasion to say four years ago would happen to the profession when its individuals went into the business of paying commissions to physicians who had cases to sell and hawked them off to the highest bidder. The expected has happened and the venal chaps, who, under the encouragement of more venal chaps in metropolitan centres, will now have to divide their commission with the organized medical commission house, and the unfortunate patient who falls into the hands of the family doctor who is looking for pay in cases in which he is unable to earn a penny, will have to pay double or treble for his surgical and medical attention.

The division of fees is absolutely indefensible and immoral, and degrades the profession in the eyes of the laymen to the lowest stratum of commercialism. No amount of argument or eloquence could be so effective in showing the low ebb to which the profession has been brought by the commission merchant doctors as "Advantage 4th: We have a large number of the best Chicago surgeons and specialists in all branches on our staff. You can bring in a case and spend a few days with us and take a *free post-graduate* course, and the patient (through us) will pay all the expenses." If this is true—and it is up to the "best Chicago surgeons



and specialists" to say that it is not true—then the medical profession has fallen to the depth of abasement which nothing but fire can regenerate. We suspect that the statements are in a measure true because we have had offers to compete with her special eye and ear men in matters of offering commissions, but have declined, and have said in declining that the practice was debasing to both the operator and the family doctor and that it would lead to the demoralization of the spirit of the profession. Also that in a few years we would see the sign of "John Smith, M. D., Medical and Surgical Broker. Highest Price Paid for All Kinds of Diseases requiring Medical or Surgical Attention. Commissions Made Known on Application." This last statement was only coined out of a heated imagination and produced in the hope of exciting the detestation of the practice. Little did we think that the practice would come with full bloom and efflorescence in the city of Chicago, and with one of the best known names of the surgical world standing as god-father. But necessity and cupidity make mighty strange bed fellows.

Polk's Medical Directory gives "N. News Wood, Rush Med. Coll., 1890. Member Chicago Med. Sos., proprietor and physician-in-chief to Lincoln Park Maternity Hospital, 617 La Salle Ave." The prospectus says in red type, "Address all letters to Christian Hospital, 617 La Salle Av." Polk's gives "Nathan E. Wood. Eclectic Bennett Col. 1878: Chicago Medical and Surgical Institute, 617 La Salle Ave." Hence we see that the Wood family constitutes the head and front of the Christian Hospital fraud, and that the "Chicago Medical and Surgical Institute," the "Lincoln Park Maternity Hospital," and the "Most Christian Hospital" constitute the Holy Trinity—the three-in-one-business, something of which we have had explained to us before.

Dr. Murphy says that he does not know and has not seen a single man reputed to be connected with the "staff." We have looked them up in Polk and if the Lord don't know them better than Polk, they will most of them be reached on Satan's "hel-lo." Perhaps the rogue's directory would give the most satisfactory information of them. Out of the fifteen members of the "staff", excluding Dr. Murphy, eleven are not in Polk's latest directory. Of the four whose names appear in the directory one is a homeopath, one an eclectic, and two are reputed to be regular. We believe that Dr. Murphy would do the profession a great favor if he would turn this literature over to the postal authorities with in-



structions to prosecute the swindlers for fraudulent use of the mails.

To the surgical chaps who defend the practice of commissions we say you are responsible for much of the low moral tone of the profession, and the time has come when you should cut loose from ethical medicine, fly the black flag at the mast, cut and scuttle as the Captain Kidds of old did, and come out in the daily prints alongside your brother quacks and charlatans. Do it and have at least your own self respect.

Very truly,

1020 Harrison St., Ft. Wayne, Ind.

K. K. WHEELOCK.

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***Division of Fees—Christian Hospital of Chicago.***

MR. EDITOR:—One can hardly conceive it possible that any sensible, well-poised doctor could be deceived by such a glaringly palpable fraud as the "Christian Hospital of Chicago." However, the letter which you handed me, at the writer's request, renders it probable that there are doctors who will "rise" to any kind of bait. I think it entirely proper that all questions concerning the professional welfare should be openly, honestly and fearlessly discussed in order that in the end we may arrive at wise conclusions concerning them. I therefore ask you to publish the letter above referred to and also my reply thereto, both of which are appended:

WARSAW, IND., May 23rd, 1903.

*Dr. A. E. Bulson, Fort Wayne, Ind.*

DEAR DOCTOR AND FRIEND:—Please let me give you a strong one just received. I think there is no doubt from inducements held out to us for a division of fee but that any inclined can get their cases operated on at an advantage to themselves. Please note third and fourth paragraphs and notice how easy for us. After all the controversy of division we country doctors are offered such terms by the best of Chicago. Well, please pardon me for this privilege but it makes me laugh and is a joke on you. If you have an opportunity please show same to Drs. Wheelock and Porter and tell them they must come to it.

Thanking you for past favors and worthy JOURNAL-MAGAZINE, I remain,

Yours very respectfully,

DR. L. A. HINES.



FORT WAYNE, IND., May 27, 1903.

*Dr. L. Hines, Warsaw, Ind.*

DEAR DOCTOR:—I am in receipt of your letter to Dr. Bulson concerning the "Christian Hospital of Chicago" and the division of fees. You say there can be no doubt "but that any so inclined can get their cases operated on at an advantage to themselves." I take it that by "themselves" you mean the doctors. Don't you think that the doctor's first concern should be for the welfare of his patient, and not the lining of his purse?

You call my attention to paragraphs three and four of the Christian Hospital letter which you enclose and ask me to notice "how easy," etc.

Doctor, there never was a time when it was difficult for one to do wrong if he were so inclined. The wrong road is proverbially wide and the gates of hell, it is said, are always open.

I confess that I am surprised that any man of intelligence should think for a minute that the "best men of Chicago" would connect themselves with such an outrageous swindle. You were perhaps led into this error because the names of some of the best men in the profession appeared on the voluminous literature which was sent out by this concern. I am willing to wager that there is not a prominent physician or surgeon of good standing in this country who would allow his name to be connected in even the most remote way with the Christian Hospital of Chicago.

The use of Dr. Murphy's name is fraudulent and he will use "every effort, regardless of cost, to bring these men to justice for their nefarious conduct."

Dr. Bernays says, in speaking of the fraudulent use of names by this institution, "It is certainly a dirty contemptible scandal, for which the perpetrators must be severely punished."

The paragraphs in the letter to which you especially call my attention are as follows:

"3rd. We will agree to pay you a cash commission of 50 per cent. of all surgical fees, and 25 per cent. of all medical fees received from patients you *bring or send* to us. This of course *will be held strictly private and confidential*. Your professional interests as well as our own demand this.

"4th. We have a large number of the best Chicago surgeons and specialists in all branches on our staff, therefore *you are assured* the surgical and hospital cases you send us will receive the most expert treatment, equal to the best to be



obtained in any medical center. You can bring in a case and spend a few days with us and take a *free Post Graduate Course*, and the patient (through us) will pay all your expenses."

Isn't that a precious morsel?

The man who could make such a proposition as that without blushing must have lost all sense of shame.

Please note that the payment of the commission "will be held strictly private and confidential" for "your professional interests as well as our own demand this." How about the patient? Has he no interests that honorable doctors are bound to respect? Should not the patient's interests be paramount? Yes, doctor, and by all physicians worthy the name they are so considered. And yet in all that long letter the patients' interests are not referred to except in the first sentence of paragraph four which is false. The proofs for this assertion lie before me as I write.

On the letter head from which the above was clipped also appears the following:

ORGANIZED AND ESTABLISHED BY CHARTER FROM THE  
STATE OF ILLINOIS.

"For the Christian Care and Cure of the Afflicted (of any Creed or Nationality), according to the ethics of the *Golden Rule*, using to that noble end all the combined wisdom afforded by Modern Medical and Surgical Science, with an association of expert Specialists, representing every school, branch and system of the healing art, all working harmoniously together for the Cure of the Sick, with the Golden Rule as their code of moral and professional ethics."—*Extract from Charter.*

Is it not a queer interpretation of the "Golden Rule" that will allow a doctor to take a "free Post Graduate Course" at the expense of his patient without the knowledge or consent of said patient?

To serve the devil openly is bad enough but to borrow the livery of Heaven to serve him in is beneath contempt.

In a letter written to Dr. News Wood, President of the Christian Hospital, Dr. John B. Deaver says: "The circular which you sent me is an insult to any reputable physician."

Are you still laughing, Doctor? In closing I think the following conclusions warranted:

1. That the Christian Hospital of Chicago is a fake.
2. That those responsible for its existence have been proven guilty of fraud, deception and falsehood.
3. That no physician worthy the name will allow himself to be connected with this institution with his knowledge.
4. That the "joke" is not on us, and that we will not have to "come to it."

Yours very truly,

MILES F. PORTER.



# ORIGINAL ARTICLES

No paper published or to be published elsewhere as original will be accepted in this department.

## *The Vaginal Segment of the Ureter.*

BY

BYRON ROBINSON, B. S., M. D.

CHICAGO.

The relation of ureter to the vagina is of extreme practical importance in gynecology and obstetrics. Immediately after the ureter has passed the cervix uteri it lies embedded in a loose mass of cervico-vesical connective tissue between vagina and fundus of the bladder. The ureter lies practically in contact with the lateral and ventral vaginal fornices for about one-half inch, separated by a thin layer of connective tissue and a fibro-muscular

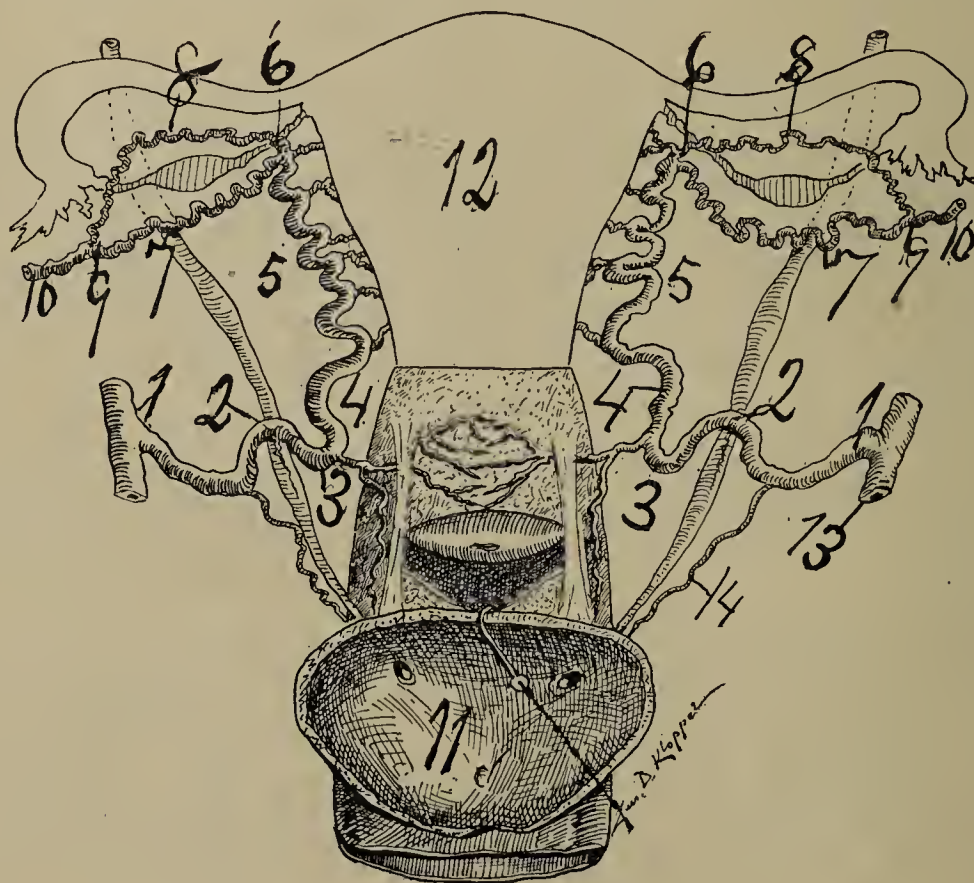


FIG. 1. A diagram to illustrate the relation of ureter to vagina and cervix. 1, 2, 3, 4 Pelvic floor segment utero-ovarian artery. 2, 11, ureter. The cervix is exposed by an incision through ventral wall of vagina.

sheath. The ureter in its vaginal relations is well sheathed by the extra tunica musculo-fibrosa or ureteral sheath. From a point about two-thirds of an inch distant from each lateral border of the cervix uteri the ureters converge medially. If one looks distalward into a well-dissected pelvis, the two medially con-



verging ureters appear to embrace the proximal end of the vagina like two lateral arms. The ureter and vaginal wall are in contact at about the level of the ventral cervical lip—the most distal point of the cervix. Since the ureter is in fixed contact with the ventral vaginal wall through strong connective tissue, it moves with the proximal vagina; hence in performing vaginal hysterectomy the cervix should be drawn well distalward and ventral vaginal wall forced well proximalward by fingers or



FIG. 2. Parafin cast of utero-ovarian artery, ureters and vagina, woman 46 years old. The utero-ovarian artery and ureters were injected with Parafin and corroded in nitric acid for 2 weeks. 1, 2, 3, 4 Pelvic floor segment of utero-ovarian artery. 20, 19 ureter, 19 trigone.

instruments during separation of bladder from uterus, to avoid injuring the distal ureters. The distal ureteral orifices correspond to a point about the level of the middle of the ventral vaginal wall. The ureteral orifices lie about one and one-half inches distal to the os uteri externum.



The extra fibro-muscular ureteral sheath extending about three inches on the distal end of the ureter guards the ureter from injury, and makes the ureter more patable. It is by means of the muscular ureteral sheath that it is so intimately connected to nerves, lymphatics, blood-vessels, adjacent connective tissue, cervix uteri, vagina and bladder.

In vaginal hysterectomy the ureter is liable to be torn in the portio extra muralis vesicae but especially in the portio intra

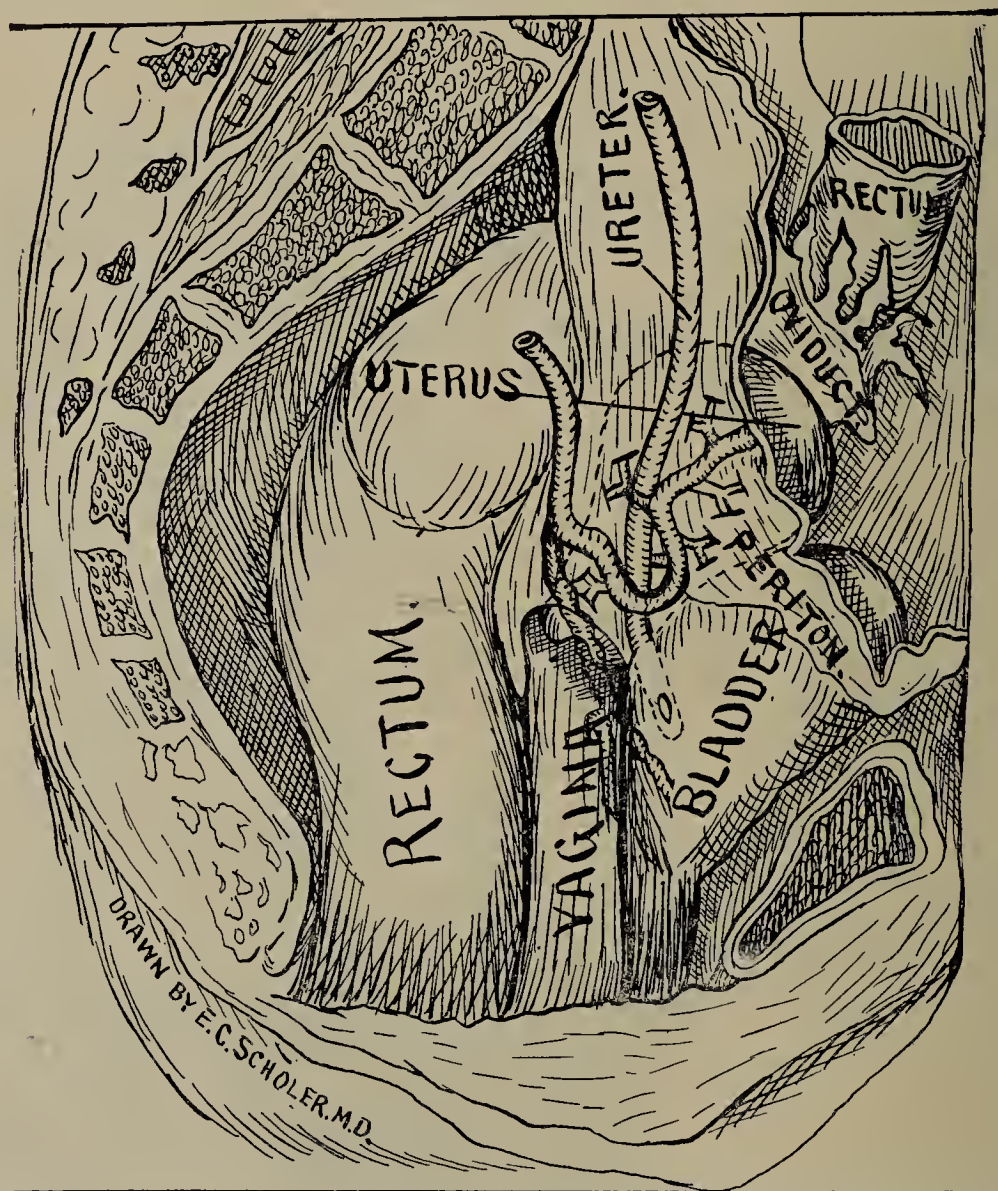


FIG. 3. Lateral view of ureter in relation to vagina. Note arterio-ureteral loop and cervical loop of utero-ovarian artery.

muralis vesicae, while cleaving the bladder from the cervix, because the intra-mural segment is not so vigorously protected by the extra strong fibro-muscular ureteral sheath. I have observed the intra-mural parts of the vesical ureter torn and continue as a fistula for years in spite of numerous surgical procedures.

Dorsal to the bladder the ureter borders two-thirds of an inch from the cervix, and passes distalward along the lateral vaginal fornix and finally along the ventral vaginal wall. The vaginal portion of the ureter does not separate easily from the vagina on



account of the strong musculo-connective tissue relations. When injected one can easily follow by palpation the ureter in its vaginal segment. I have palpated the vaginal segment in spare subjects. The vaginal portion of the ureter extends between the ligamentum latum and the bladder. It corresponds to the lateral vaginal fornix and more distally to the ventral vaginal surface in its proximal third.

In the proximal vaginal portion of the ureter it is considerably separated from the lateral vaginal fornix. Distalward the vag-

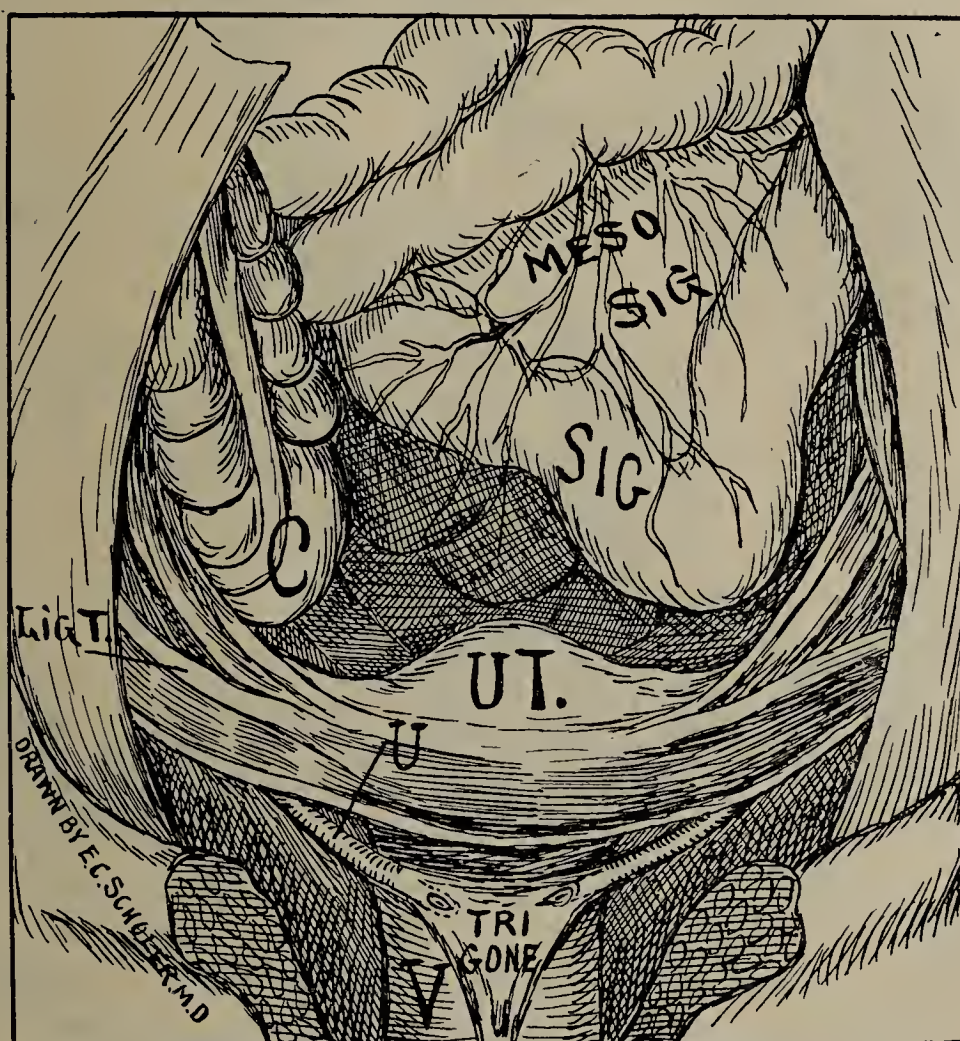


FIG. 4. Ventral view of vagina (V) in relation to ureter (U) Ut. uterus.

inal portion gradually approaches first the lateral vaginal fornix and second the ventral vaginal wall toward its middle segment.

The vaginal portion of the ureter has no relation to the arteria uterina except in cases where the vesical loop extends or is depressed distalward on the lateral vaginal fornix.

The vaginal portion of the ureter may remain in its proximal portion one-half inch separated from the lateral vaginal fornix.

Its relation to the ventral vaginal fornix is intimate, perhaps separated one-fifth of an inch by fibro-connective tissue and vessels. The vaginal portion lies in rather loose cellular tissue interposed between bladder and vagina. The vaginal ureter is in



intimate contact with the ventral vaginal wall and is easier to dissect in the living than in the dead. By careful dissection or separation in the living the ureter or bladder in non malignant cases is scarcely ever torn. Practically for surgical purposes the vaginal portion of the ureter lies in contact with the lateral vaginal fornix and ventral vaginal wall in the proximal 3rd of the

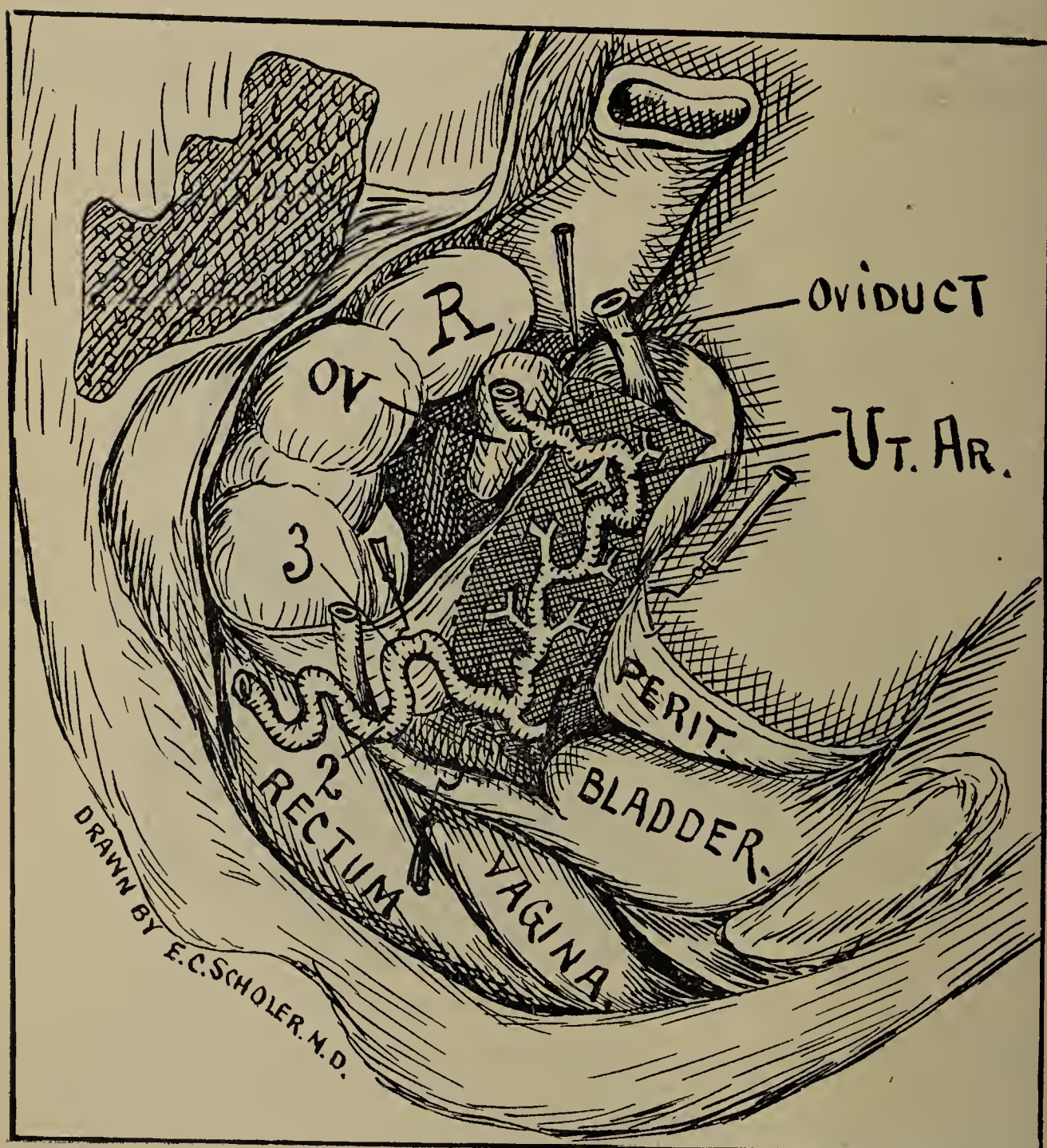


FIG. 5. Lateral view, showing relation of ureter to vagina. 2, arterio-ureteral loop; 3, cervical loop.

vagina. Practically the ureter lies in direct contact with the proximal end of the vagina for one-third or two-thirds inch. As the vesical segment of the ureter lies more in contact with the bladder the more the bladder is distended so the more distended the proximal vagina, the more the vaginal ureteral segment lies in contact with the vaginal wall.



The vaginal segment of the ureter is surrounded by dense plexuses of vessels especially veins—the plexus vesico-vaginalis and utero-vaginalis. The chief part of the vascular plexuses lie internal and dorsal to the ureter. The vaginal segment of the ureter is surrounded by a ureteral sheath about one-twentieth of an inch in thickness first thoroughly described by Pantoloni in 1888.

The proximal vaginal ureteral segments are separated about one and two-thirds inches while the distal vaginal ureteral segments—i. e. immediately previous to entering the bladder, are separated about one and one-half inches. The vaginal ureteral segment is about three-fourths of an inch in length. It lies between the base of the bladder and vaginal walls. In woman the vaginal segment of the ureter has rather remote relations to the rectum in diagnosis or surgical intervention. However it lies in intimate and extensive relations to the bladder in both sexes for diagnostic and surgical purposes. The danger of traumatism to the vaginal segment of the ureter in vaginal hysterectomy is generally while incising or opening the plica vesico-uterina. This danger may be avoided by vigorous and constant traction on the uterus by the traction forceps. Another danger to the ureter lies in placing a ligature on the uterine artery at the base of the ligamentum latum previous to separating the cervix from the bladder. The cervix and bladder should be cleaved asunder, definitely separated, and the bladder with ureters forced well proximalward by specula previous to applying ligatures on the uterine artery. Besides all ligatures applied to the uterine artery should be placed closely adjacent to the cervix uteri. For years I have practiced the method of isolating the uterine artery previous to ligating or clamping it. Dissections and isolation of the uterine artery renders it absolutely safe against ureteral inclusion by ligatures and clamps. One of the best methods to demonstrate the vaginal segment of the ureter is to remove the tractus genitalis, tractus urinarius and rectum from the cadaver and to distend the rectum, vagina, bladder and ureters with air and allow the specium to dry, when, if the parts were well prepared, the relations of the vaginal segment of the ureter becomes prominent. The vaginal segment of the ureter is more intimately and extensively associated with the vagina in quadrupeds than bipeds (man apes.) The horse, cow, pig, dog, sheep and cat, show intimate and extensive relations of vagina and ureter. The erect attitude enhances the differentiation and separation of the tractus genitalis from the tractus urinarius.



*Localization in Brain Disease with a view to Surgical Intervention.*

BY

G. W. McCASKEY, A. M., M. D.

Professor of Clinical Medicine, Fort Wayne College of Medicine, Fort Wayne, Ind.

My intercourse with a considerable number of physicians in the course of a consultation practice leads me to believe that more emphasis should be laid upon the surgical possibilities in dealing with this group of otherwise hopeless cases. In a few instances in which the localization was to my mind perfectly clear and the prospect of at least a relative cure, excellent operations have been declined and sometimes I have good reason to believe because of the lack of encouragement on the part of the family physician due to an honest doubt as to the possibilities of benefit. While it must be admitted that surgical invasion of the brain is a capital procedure of serious moment which should never be undertaken without the most careful study of the case, yet I think there is no doubt whatever that a large number of patients are annually dying whose lives could be prolonged or whose health could even be restored to a condition of usefulness if there was a full and adequate comprehension of the possibilities along this line on the part of the general practitioner.

These conclusions are based upon a not inconsiderable experience with cases of this character. In the large majority of cases, not only can the existence or nonexistence of a lesion susceptible of surgical relief be decided, but its location can be determined with sufficient accuracy to fully justify surgical intervention. In a considerable number of cases among which may be mentioned three patients suffering from basal tumors which happen at this moment to recur to my mind referred at different times by Drs. W. F. Carver of Albion, Ind., G. B. M. Bower of this city and Dr. Hatfield of Bluffton, Ind., a positive opinion against surgical intervention was given on the ground of inaccessibility, and in each of these three cases as well as in others the correctness of the opinion was verified by autopsy. On the other hand in a case referred by Dr. R. S. Wilson of Berne, Ind., over two years ago, a brain tumor was localized in the right hemisphere <sup>(1)</sup> in an accessible location and an operation advised. A very large subcortical tumor weighing over two ounces and extending under the lower convex margin of the falx cerebri was removed by Dr.

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1. Reported in full in the Journal of the Amer. Med. Asso. Jan. 25, 1903.



Porter, and the patient at the present time is in excellent condition and working on his farm. It was perfectly evident from the trend of symptoms in this case that the patient could scarcely have lived more than another month without the operation. In another recent case, a probably idiopathic brain abscess was localized and successfully opened and drained although the patient died a week later from a cardiac complication (2.) In several cases brain abscess has been diagnosticated and operation advised and declined and the feasibility of dealing with the abscess in a surgical way was demonstrated by autopsy. In a recent case of this character seen in consultation with Dr. L. H. Cooke of Bluffton, Ind., this aspect of the case would clearly have been dealt with successfully although there happened to be co-existing lesions which would have prevented ultimate recovery. Such cases as this should not be allowed to militate against surgical treatment of properly selected cases because multiple lesions such as existed in this case, and which will be reported in full elsewhere, are among the curiosities of pathology and are too exceptional to be given material weight in dealing with these questions.

In still another case referred for diagnosis by Dr. E. J. McOscar, and subsequently operated by him, a gross localized lesion was diagnosticated in the frontal region, the correct side being determined by the increased vascularity of the retina falling short of an optic neuritis and a slight preponderance of pain upon that side. The lesion was found to be a cyst which was drained with complete relief of pressure symptoms. Several months later, however, symptoms of a diffuse degenerative lesion of the cortex developed without any pressure symptoms whatever the symptom complex being that of general paresis.

The localizing diagnosis of brain lesions and their successful treatment by surgical measures throw a grave responsibility upon the general practitioner and make it incumbent upon him to give his patients such advice as will permit them to avail themselves of these opportunities for relief. It is clearly demonstrated that a pretty large percentage of cases of localized organic brain disease can be relieved with marked prolongation of life or perhaps practically complete recovery if seen early, and sufficient opportunity given for careful study. The prejudices against operations of such character are somewhat deeply seated, and they can only be removed by an educational process, the educator being the intelligent general practitioner who should be not only alert to the difficulties and dangers of such cases, but also to the possibilities of relief afforded by recent advances in neurology and surgery.

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2. See Journal of Amer. Med. Asso. May 2, 1903.



*The Modern Treatment of Entropion.*

BY

ALBERT E. BULSON, JR., B. S., M. D.

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the United States Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Ind.

Entropion, or a condition in which the incurving of the tarsus brings the eye-lashes in contact with the eye-ball, is a complication which demands but often never receives the careful attention which it warrants. If we take into account the fact that the constant irritation produced by inverted eye-lashes is responsible for a keratitis that sooner or later results in opacities of the cornea which impair if not entirely destroy vision, we are warranted in classing entropion among the serious eye defects.

While an entropion may be spasmodic and due to a spasm of the orbicularis muscle acting reflexly from a conjunctivitis or keratitis, yet by far the larger number of cases met with in ordinary practice are occasioned by a defect in the normal contour of the lid as a result of a disease or injury of the conjunctiva or tarsus. Chief among the diseases producing entropion is trachoma, which seldom if ever completes its course without causing more or less distortion of the lid from cicatrices and thickening.

The treatment of entropion consists in restoring the margin of the lid to its proper position. In the cicatricial or more common form of entropion which follows trachoma, operative procedures are required.

While many operations for the treatment of entropion have been devised, and are fully described in our comprehensive works on ophthalmology, yet it can be truthfully said that a majority of them are failures so far as securing permanently effective results, and no one operation among the best will be found applicable to all cases. Perhaps the variety of conditions encountered in trachoma has led to such a variety of operations, and the lack of judgment in the selection of the proper operation for a certain condition is responsible in such a large number of instances for unsuccessful results, if not shockingly bad surgery. Be it as it may, every ophthalmologist of considerable practice is constantly meeting with cases that have been mistreated through an attempt to correct the deformity by an operation not applicable to the case, or by improperly or unskillfully performing an operation well adapted to the successful correction of the condition.

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\*Read before the Indiana State Medical Society at Richmond, Ind., June 5th, 1903.



To correct the incurving of the lid margin and malposition of the eye-lashes caused by thickening of the tarsus and contraction from cicatricial tissue requires something more than an operation on the skin only, and yet many an operator of supposed skill will follow the now obsolete method of attempting to correct the deformity by removing a section of the skin only and closing the opening with stitches. Failure to secure good effects from the operation usually results in a second and even third operation of its kind, until finally the patient cannot close the eyes completely through traction produced by the shortening of the cutaneous covering of the lid, and the cilia remain inverted as much as ever.

It was a recognition of the fact that a mere removal of a portion of the skin is insufficient to produce a permanent alteration in the position of inturning eye-lashes, and that the effect was necessarily to a great extent lost when the lid is elevated, which led Anagnostakis to advocate the fixing of the skin to the orbital margin of the tarsal cartilage so that a firm point of attachment would keep up the tension in all positions of the lid. While the idea originated with Anagnostakis it received but little attention until Hotz, without any knowledge of any prior advocacy of the procedure, described and recommended a similar operation, with improvements, which has since 1879 been known as the Hotz operation for entropion. This operation has stood the test of time, and is today the best single operation for the correction of entropion.

Not every one, however, can do the Hotz operation as skillfully as Hotz performs it, and with such uniform good results, but I am convinced that failures are frequently due to faulty technique rather than inadaptability of the operation. My own repeated failures with the operation until Hotz himself pointed out to me the little errors in technique which are so essential to success and which I had overlooked, are duplicated by failures at the hands of others who attempt the operation without more adequate knowledge of all the steps of the operation than is contained in the condensed description of it as usually found in the text-books.

While the Hotz operation is applicable and successful in a large proportion of the cases, yet, as has been pointed out by numerous writers, there are cases in which no single operation suffices to produce efficient results. In such instances, and the number will be increased at the hands of those who do not or cannot perform a classical Hotz operation, a combination operation is demanded. In my own experience the operation in which are combined the methods of both Hotz and Von Burow has proven



so generally successful that I have come to employ it, with some modification to suit individual peculiarities in nearly every case.

This combined operation upon the upper lid is essentially as follows: While an assistant fixes the skin at the supra-orbital margin, the operator, seizing the center of the lid-border with forceps, draws the lid downward until the furrow in the skin which defines the upper border of the cartilage becomes a straight line extending from a point two millimeters above the external commissure to a point two millimeters above the internal canthus. A horizontal incision is then made through the skin along the line of the furrow. This incision, when properly made, should be from four to eight millimeters distant from the free border in the center of the lid, and but two millimeters from the external commissure and the same distance from the free border at the inner canthus. Upon the correctness with which this incision is made will in a large measure depend the success of the operation in securing the most natural movement of the lid and the most complete eversion of the cilia. The skin is now dissected from the incision down to the roots of the eye-lashes, and while an assistant is holding the edges of the wound well separated, the operator seizes with forceps and excises with curved scissors the muscular fibers running transversely across the upper border of the tarsus. In this procedure it is of the utmost importance that the upper border of the tarsus be made entirely bare, or free from muscular fibres, so that the skin when stitched to the tarsus will firmly unite to it and form a permanent anchorage.

Up to this point the operation is as performed by Hotz, but it is my experience that effective results will be better secured by adding to the operation the Von Burrow grooving incision in the upper surface of the tarsus. This is done by removing, by means of two slanting incisions which meet close to the under surface of the tarsus, a triangular wedge-shaped piece which leaves a furrow extending the whole length of the tarsus and about two millimeters above and parallel to the free margin of the lid. This groove very materially assists in producing a lessening of the convexity resulting from the inverted and distorted tarsus, and the eversion is further assisted by the traction produced by the stitches.

Following the grooving the stitching is performed after the manner of Hotz, which is essentially as follows: The curved needle, armed with black silk No. 3, is passed through the center of the wound border of the lid-skin, then it is thrust through the upper border of the tarsus, and on through the tarso-orbital fascia and out through the upper wound border without being exposed. Two more such sutures, one on each side of the center one, are placed, and the whole three tightly tied. The skin is thus drawn upward and fixed to the upper tarsal border, and this slight traction is sufficient to turn the inverted lid border and eye-lashes to their normal position, and as the skin becomes firmly



united with the tarsal border the tension thus produced upon the lid-border is permanently secured.

The operation herewith advocated is therefore a combination of two old operations, the Hotz and Von Burow operations, described in the comprehensive works on ophthalmology. Singly neither operation produces effective results in a large proportion of entropion cases, even in the hands of experienced operators, and this is particularly true in the cases in which the tarsus is incurved or knuckled to a considerable extent, as is not infrequently found following the aggravated forms of trachoma. The combined operation when properly performed is adapted to a majority of all cases for the reason that in nearly all there is both inversion of eye-lashes and distortion of the tarsus, and no single operation is sufficient to correct both abnormalities when marked.

A point of much importance however in attaining effective results is the necessity of giving careful attention to the technique of the operative work in every detail. The initial incision must be correctly made while traction is placed upon the skin from above the eyebrow. The dissection must be carried to the roots of the eye-lashes. The upper border of the tarsus must be thoroughly bared. The grooving must be parallel to the lid border, and not so deep as to pierce the under surface of the tarsus. The stitches must be correctly placed through skin, tarsus, and tarso-orbital fascia, and tightly tied. Failure to properly carry out every detail in any of these steps usually means unsuccessful results, and has led to the ineffective results in the hands of many an operator who now avoids the operative treatment of entropion or loses faith in the possibility of permanently benefitting the condition.

In the hands of operators of average ability the combined operation will yield the most gratifying results if carefully performed in every detail, and an error in technique at the hands of any operator, no matter how experienced or skilled, is apt to result in failure to secure the desired results.

In my earlier experiences failure in operative treatment of entropion was the rule. By persistence in overcoming defects in technique the operative procedures which previously ended in failure, and which have just been described, now end, in the majority of instances, in effective and most gratifying results. My experiences have, therefore, been deemed of sufficient importance to warrant your attention, and particularly the attention of those who may be having ineffective results from the operative treatment of entropion, or who, having cases of entropion and realizing the disastrous effects which such condition usually has upon sight, are undecided as to the proper procedures to be adopted to give the most desired relief. To the surgeon, the physician and patient, I therefore recommend the combined Hotz-Von Burow operation, when intelligently and skillfully performed, as in my judgment the modern and best treatment of entropion.



# SOCIETY PROCEEDINGS

## *Allen County Medical Society.*

May 12.—Regular meeting. The application of Dr. J. E. Stultz, coroner elect, was received and referred to the Board of Censors. Dr. C. B. Stemen read a paper entitled "Surgery a Specialty," which was discussed by Drs. Myers, McOscar, Bulson, Sweringen and Rosenthal.

Dr. Bulson spoke of the small number of papers that had of recent years been referred to the state by this Society and advised more interest in the state work.

Dr. Sweringen moved that the papers of Drs. Myers, Bulson, McOscar and Stemen be referred to the State Society. The motion was amended to include the paper of Dr. Sweringen and then passed.

Dr. Myers was asked by motion of the Society to prepare a paper for the mid-summer meeting to be held at Robison Park June 23.

The hour being late the reading of Dr. English's paper was postponed until the next meeting.

May 26.—Regular meeting. The Board of Censors reported favorably on the application of Dr. J. E. Stultz and he was on motion elected to membership.

Dr. English read a paper entitled "Pneumonia" which elicited a very favorable discussion by Drs. Sweringen, McOscar, Porter, Bulson, Stemen, Havice and Boyers.

Dr. C. S. Williams, of Columbia City, was the next essayist, but, being unable to be present himself he sent his paper with Dr. Morgan, who read it for him. The title was "Impotence in the Male."

Dr. Porter agreed to see if he could get Dr. A. D. Bevan, of Chicago, to read a paper at the mid-summer meeting at Robison Park. Adjourned.

E. E. MORGAN, SEC'Y.

## *American Congress on Tuberculosis.*

The next meeting of this organization will be held in St. Louis, July 18-23 inclusive, 1904. The officers of the Society are: Honorary President, Dr. Henry D. Holton, Battleboro, Vt.;



President, Dr. Daniel Lewis, New York; 1st Vice-Pres., Dr. J. A. Egan, Springfield, Ills.; 2nd Vice-Pres., Dr. Frank Paschas, San Antonio, Texas; 3rd Vice-Pres., Dr. E. J. Barrack, Toronto, Can.; 4th Vice-Pres., Dr. Irving A. Watson, Concord, N. H.; 5th Vice-Pres., Dr. Chas. Wood Fassett, St. Joseph, Mo.; Sec'y, Dr. George Brown, Atlanta, Ga.; Treas., Dr. P. H. Bryce, Toronto, Can.

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## NEWS NOTES *and* COMMENTS

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### *New Hospital at Richmond.*

Daniel G. Reid, of New York, a former resident of Richmond, has donated \$50,000 for a public hospital at Richmond on condition that \$50,000 in addition be raised as an endowment fund.

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### *The International Medical Congress.*

From a personal letter to us we learn that the meeting of the International Medical Congress held in Madrid, Spain, the first week in May, was not a great success from the standpoint of American physicians, and if we are to believe the *London Lancet*, the meeting in its entirety was a miserable failure. The Spanish people evidently thought they could recoup their losses in the Spanish-American war by taxing visitors at the International Medical Congress, and in consequence nearly all prices were inflated from 10 to 20 times. Not content with reaping this harvest they succeeded in furthering their interests by selecting Lisbon, Portugal, as the next place of meeting, A friend of ours who attended the meeting at Madrid says in a personal letter, "If I am alive at that time, I will warn every white man to stay away from the Lisbon meeting."

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### *Personals.*

Dr. E. A. Crull, Fort Wayne, has returned from New York where he has been doing post-graduate study.

Dr. G. B. M. Bower, Fort Wayne, will be in Philadelphia during the month of June taking a post-graduate course.

Dr. Chas. H. M'Cully, of Logansport, has an article on Tuberculosis in the May number of the *Western Undertaker*. He em-



phasizes the fact that tuberculosis is an infectious disease and that in dealing with it all sanitary precautions should be observed.

D. J. E. Miller, Fort Wayne, is now making his professional calls in an automobile, and adds another name to the long list of physicians who own automobiles either for business or pleasure.

Dr. G. M. Leslie, Fort Wayne, who was recently married to the daughter of John H. Bass, has decided to quit the practice of medicine and engage in business with Mr. Bass, at the latter's request.

Dr. G. F. Hesler, of Tocsin, Ind., is making preparations to move to Indianapolis, where he will reside in the future and practice his profession. Dr. Hesler is succeeded at Tocsin by Dr. J. N. Younkin.

Dr. G. W. McGavren, Van Wert, O., recently underwent an operation at Hope Hospital, Fort Wayne, at the hands of Dr. Miles F. Porter. At the present writing he is greatly improved and it is expected that he will soon return to his regular professional work.

Dr. E. W. King, Fort Wayne, has adopted the methods of the quack and medical pretender by identifying himself with the "Dr. King Medical Company" which has been organized and incorporated with a view to carrying on a mail order business in medical practice.

Dr. Nelson T. Brayton, Indianapolis, has a most interesting article in the May number of the Western Undertaker upon "The Care and Burial of Smallpox Patients." The article carries with it some very valuable suggestions and advice which ought to be adopted by every undertaker who desires to care for the smallpox dead without jeopardizing the lives and health of the community.

Dr. E. W. Knepper, Ligonier, is suffering from a stroke of paralysis which came on during the last week in May. At last reports improvement had been gradual under proper treatment, and it is thought that in the course of a few weeks he will recover sufficiently to be about if not to resume his regular practice. It is thought that the condition was brought about by the anxiety and care which he has had in attending a son and daughter through a severe siege of typhoid fever.

The engagement is announced of Dr. James B. McEvoy, one of the rising and prosperous young physicians of this city, to Miss Jessie A. Ponyter, daughter of Mr. and Mrs. J. A. Poynter, of Cloverdale, Putnam county, this state. The young lady is a graduate of the musical department of De Pauw university and is a very charming young woman. She is a sister of Mr. S. Paul Poynter, of the *Sullivan Democrat*. The wedding will take place about the middle of June.—*Fort Wayne Sentinel*. (They were married June 10.)



# MEDICAL REVIEWS

## Department of Medicine and Therapeutics

In Charge of George W. McCaskey, A. M., M. D.

Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

### *How Not to Be Nervous.*

By Hugh T. Patrick (*Journal of the American Medical Association*, February 7th, 1903). To be able to present a specific illustration of the force of inheritance in the genesis of functional nervous affections, I have tabulated from my office records one hundred consecutive cases which might be included under the general term "nervousness," and I find that in seventy of them a neurotic heredity has been in evidence. Next to the omnipresent, inevitable laws of inheritance comes the never-ceasing formative power of environment.

For preventing nervousness in a child or removing that already present, nothing is so effective as the toughening of the body and mind. A child who is made to have hard muscles, strong lungs and a vigorous digestion; who can bear changes of temperature and endure pain is already a long way from nervousness. More important still is toughness of psychic fiber. The child who can support disappointment, who can be "crossed" without a tantrum, and who habitually obeys is building a bulwark against "nerves," and the one who is not easily frightened, has self-control and a budding courage has nipped half a dozen neuroses in the bud. But to procure this toughness, be it understood, a certain exposure to bodily discomfort and mental hardship is necessary.

I must note on prophylaxis of the neuroses in children, a point already lightly touched, and then we shall leave the little people—much as I should like to linger. In one form or another fear enters into the makeup of nearly every sort of nervousness. It paralyzes judgment, ambition and the higher emotions. Childhood should be absolutely fearless; fearless for self and for the future. That the young should have no fear of man or God, no thought for the morrow is natural and proper. It is natural and wholesome that the child should have no regard for his organs, no knowledge of hygienic rules, no conception of the significance of pain. When the parent makes the child a party to his apprehensions, confides his prescience of ills and communicates the ominous augury of bodily symptoms,



he is assiduously rearing a little hypochondriac who will live to condemn the parent who made him a burden to himself and a curse to others. Fear of the dark, of thunder and lightning, of animals, burglars, accidents, spirits, devils and death is born of parental foolishness, and is always potentially the seed of later nervousness.

The advisability of reasonable eating, the pernicious effects of alcohol on the nervous system and the havoc wrought by drug habits are so universally recognized as to need no mention. With respect to diet, however, I cannot refrain from noting one bad habit that has seemed to me to be very frequent in nervous people and to contribute materially to their troubles. I mean the starvation habit—the obsession, born of poor doctors or officious friends, that makes the victim eschew one article of food after another until he is trying to exist on Fakem's nutarine and Buncomb's cereal.

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#### *Gastric Cancer.*

The symptoms, diagnosis, physical examination and treatment of gastric cancer are reviewed by Robson, who gives illustrative cases. He says he trusts he has advanced sufficient evidence to prove:

1. How desirable it is to make an early diagnosis of cancer of the stomach in order that a radical operation may be performed at the earliest possible moment.
2. That it may be needful to perform an exploratory operation in order to complete or confirm the diagnosis.
3. That such an exploration may be done with little or no risk in the early stages of the disease.
4. That even where the disease is more advanced and a tumor perceptible, an exploratory operation is, as a rule, still advisable in order to carry out radical or palliative treatment.
5. That where the disease is too extensive for any radical operation to be done, the palliative operation of gastroenterostomy, which can be done with very small risk, may considerably prolong life and make the remainder of it much more comfortable and happy.
6. That some cases thought at the time to be cancer too extensive for removal may, after gastroenterostomy, clear up completely and get quite well.
7. That in case of disease of the cardiac end of the stomach too extensive for removal, the operation of gastrostomy may considerably prolong life and prove of great comfort to the patient by preventing death from starvation.
8. That even where the disease is too extensive either for removal or for gastroenterostomy being performed with a fair chance of success, the operation of jejunostomy may occasionally prove of service to the patient.
9. That where a radical operation can be per-



formed the thorough removal of the disease may bring about as much relief to the patient as does the operation for removal of cancer in the breast, uterus and other organs of the body, and that in some cases a complete cure may follow. *A. M. A.*

### ***The Treatment of Gastric and Duodenal Haemorrhages.***

Max Einhorn in *New York Medical Journal*, May 2, 1903, says: "Haemorrhages of the stomach are due to disintegration of the blood vessels in consequence of ulceration, seldom of erosions. The haemorrhages occurring in cancer of the stomach belong to the same group, for they owe their origin to the same process. The so called capillary haemorrhages are the result of extreme congestion of the mucosa and occur, but very rarely, in vicarious menstruation, cirrhosis of the liver, or in some instances without any reason so far apparent.

The duodenal haemorrhage is almost always due to a distinct ulcer of this portion of the gut.

As to the disease causing the haemorrhage—whether ulcer, superficial ulceration, capillary bleeding or cancer, there is usually no difficulty in arriving at a correct diagnosis if the preceding history and the symptoms present are taken into consideration.

The differential diagnosis between gastric and duodenal haemorrhages can seldom be positively made. As a rule, a probable diagnosis in this respect will have to suffice.

As is well known, the following points speak in favor of a duodenal affection: 1. Pains about two or three hours after meals. 2. Considerable melaena associated with haematemesis or existing alone. 3. The pains are often found in the right hypochondria region.

The treatment of gastric and duodenal haemorrhages consists, first, in measures directed toward checking the bleeding; secondly, in combating the underlying disease producing the haemorrhage.

Absolute rest in bed, total abstinence from food and drink, and the administration of opiates (subcutaneously or per rectum,) will serve to lessen the peristalsis of the stomach and small intestine and favor the healing process. Thus, during the first three to five days following the haemorrhage rectal alimentation must be the only mode of nourishing the patient. Moderate amounts of saline solution per rectum or subcutaneously will supplement the amount of fluid required.

Measures of directly diminishing or checking the bleeding in the



digestive tract have been used long ago. The oldest means is the application of ice (ice bag) over the upper part of the abdomen. This antiphlogistic remedy still holds its place, and is a rational therapeutic agent in the affections under consideration. Another old but useful remedy is ergot, which was first given internally, but lately hypodermically. Its action consists in contracting the blood vessels and is often of great service.

Among the newer remedies two stand most prominently and must be discussed more fully. The first is gelatin. It acts in facilitating coagulation, and thus helps in the formation of a blood clot which obturates the open vessel or vessels. Gelatin is employed per os, or more often subcutaneously. In the latter instance a 2 per cent. gelatin solution may be used, injecting about 100 cubic centimeters at a time, preferable in the gluteal region. In giving gelatin by the mouth, simple calf's foot jelly may be administered. I personally prefer the subcutaneous method, in order to avoid gastric peristalsis.

The other new remedy is adrenalin."

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#### ***"False Cardiacs."***

Under this title E Barie includes those patients who complain of cardiac symptoms without having any demonstrable pathologic condition of the heart. The author describes several cases, illustrating various types. The symptom complained of most frequently is palpitation, although in a great many cases various kinds of precordial pain and distress are experienced. The patients are usually adults or adolescents, and are either dyspeptics, smokers, neuropaths, or victims of incipient tuberculosis. In dyspeptics the pains come on after eating, and may reach the severity of an intense orthopnea, with cold extremities, cyanosis, physical signs of dilated right heart, and even a temporary tricuspid insufficiency. These cardiac phenomena are brought about through a spasmodic contraction of the capillaries in the lungs, causing a sudden rise in the blood-pressure in the pulmonary arteries. The capillary spasm is produced reflexly through the sympathetic system by irritation of the gastric mucous membrane. Palpitation of the heart may be one of the first symptoms of pulmonary tuberculosis. The cardiac symptoms may be due to a dyspeptic condition frequent in incipient pulmonary tuberculosis, or to cardiac complications, or to reflex action. In adolescents palpitation may occur as a result of chlorosis, exophthalmic goiter, or the so-called pseudohypertrophy of growth. In the latter condition there exists a disposition between a normally developed heart and an incompletely developed thorax. Barie also includes under the head of false cardiacs pseudoangina pectoris, and the palpitations occurring at puberty, the menopause, in affections of the uterus and adnexa, in gout, diabetes, and other diathesis.

—*American Medicine.*



## DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.  
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

### *Tetanus.*

Dr. Luckett reported at a meeting of the Clinical Society of the New York Polyclinic Medical School and Hospital two cases of tetanus cured by subarachnoid injections of anti-tetanic serum. The injections were made between the third and fourth lumbar vertebrae and were preceded by a withdrawal of cerebro-spinal fluid. To this latter is attributed a large part of the credit for the cures, the reason given being that the cerebro-spinal fluid in cases of tetanus is intensely toxic. It is advised that all the cerebro-spinal fluid that it is possible to withdraw be drawn off before the anti-tetanic serum is injected.

The injections, preceded by withdrawal of cerebro-spinal fluid, are repeated daily until a cure is obtained.

### *Clinical Society of the New York Polyclinic Medical School and Hospital.*

Meeting Held January 4, 1903. RENAL CALCULUS.

Dr. J. A. Bodine showed a renal calculus which he had removed from the pelvis of the kidney of a patient 55 years old. For the past nine years the man had suffered from a dull, aching pain in the right loin. During the first two years this pain was characterized occasionally by acute exacerbations, which were so severe as to necessitate rest in bed and opiates for relief. During the past five or six years, however, these exacerbations lessened in severity and duration. He found that by lying down and raising his feet above the level of his head, the pain would disappear. His urine at no time showed kidney detritis or abnormality of any kind. A radiograph was taken, and showed accurately the presence of the stone. Its removal was very easy, and if, the speaker said, in all kidney work the placing of the patient in a prone position, over an air cushion, were taken advantage of, surgery of the kidney would be greatly facilitated. In this case when the kidney was withdrawn through the wound, the stone was felt lying in the pelvis. An incision was made through the parenchyma of the kidney along its



convex surface, sufficiently large to permit the introduction of a finger into the pelvis over the stone. Incision into the pelvis of the kidney offers great liability of persistent urinary fistula, and unless such incision can immediately be sewn up, it is better to make the incision through the renal substance. This case demonstrated the fact that the primary renal calculus may remain for years in the pelvis of the kidney without exciting inflammatory changes in the renal tissue or causing abnormalities in the urine. The change in the acuteness of the exacerbations of pain was another proof that in primary stone in the pelvis of the kidney the danger and pain are in inverse ratio to the size of the stone.

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***An Early Case of Intussusception—Reduction by Water Pressure.***

A. Jeffreys Wood reports the case of a little girl of sixteen months who was taken with sudden abdominal pain followed by shock. A diagnosis of intussusception was made, and it was decided that owing to the recent nature of the case, and the typical position of the trouble in the region of the ileo-cecal valve, an attempt to reduce the bowel with water pressure was justifiable. The child was anæsthetized and water was run into the bowel by means of a No. 12 Nelaton rubber catheter, attached to a douche can raised three feet above the buttocks; the bowel filled rapidly, and blood and mucus appeared with the water when it was expelled. The procedure was repeated and the tumor could then no longer be felt. The colon was then irrigated with a catheter attached by a rubber tube to a glass funnel. The color of the face improved immediately after the second flushing, and the rate of the pulse fell to below 100, and its volume improved very markedly. A sound sleep of two and a half hours followed the reduction. On waking, the child was very bright and played with her picture book. A week later there were no signs of recurrence. —*Intercolonial Medical Journal of Australia.*

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***Pus Should be Evacuated.***

It is a rule, to which there are practically no exceptions, that if you feel fluctuation from pus anywhere there is no reason for waiting and poulticing before evacuation. It only makes the abscess larger, infects more tissue, and prolongs the disease. If the diagnosis be uncertain have recourse to the aspirating needle.—*International Journal of Surgery.*



## DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.

Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort  
Wayne College of Medicine.

### *A Critical Study of Tuberculin and Allied Products Based Upon a Collective Investigation.*

F. M. Pottenger, Ph. M., M. D., in the *Therapeutic Gazette*, March 15, 1903, received 143 replies to the following questions:

1. Have you had personal experience in the use of tuberculin or other culture products in the treatment of tuberculosis?
2. How many cases have you treated? What was the average period of treatment? What was the result of treatment?
3. What is your opinion of their value, and do you favor their use in the treatment of tuberculosis?

From the answers received he draws the following conclusions:

1. The interest of the medical profession in tuberculin and allied products is increasing, and its attitude is gradually becoming less hostile.

2. The attitude of the profession in Europe is more favorable than in this country.

3. The greatest opposition comes from those who were unfortunate in their experience when tuberculin was first introduced, and those who, although they have had no experience, base their opinions upon this early trial, discrediting the work of recent writers upon the subject.

4. Not one man who had given the later remedies an extensive trial, in suitable cases, failed to observe benefit from their use.

5. The disapproval and rejection of the remedies in most instances was based on faulty application and upon trials in unsuitable and far advanced cases.

6. Those who have studied these remedies most carefully, and who have exercised greatest care and judgment in the selection of their cases, have, almost without exception, been convinced of their value; and they have been able to report enough cases to prove that these remedies will do that for which they are recommended.

7. Basing an opinion on the results in 1200 first-stage cases, 611 of which were treated in sanatoria by the usual dietetic and



hygienic methods, and 589 by the same careful management plus tuberculin and allied products, we find that, of those treated in the latter manner, 20.2 per cent. more were cured than where the tuberculin preparations were omitted from treatment.

8. In patients treated with tuberculin and allied products there is less tendency for the disease to spread to new tissue, and when an apparent cure is attained there is less danger of relapse.

9. Tuberculin and allied products are fast becoming established as therapeutic measures in the treatment of tuberculosis, and are worthy of the earnest attention of the medical profession.

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***The Treatment of Typhoid Fever with Benzoyl-Acetyl-Peroxide, or Acetozone.***

Frederick G. Harris, in the *Therapeutic Gazette*, March 15, 1903, reports the results of the use of acetozone in one hundred and twenty-eight cases of typhoid fever.

Benzoyl-acetyl-peroxide (acetozone) is a definite chemical compound ( $C_6H_5C(OO)COCH_3$ ), is crystalline in form, melts at  $98^\circ F.$ , and is decomposed by contact with alkalies and organic matter of all kinds. It is marketed in the form of a powder mixed with equal proportions of an inert absorbent material for reasons set forth in the literature of its makers. In the presence of water it undergoes hydrolysis, and this change is necessary to develop its full germicidal activity. The hydrolysis results in the formation of benzoperacid and acetic acid on one hand and acetoperacid and benzoic acid on the other. Some unchanged benzoyl-acetyl-peroxide reacting upon the benzoperacid formed in the first reaction results in the formation of benzoyl peroxide and acetoperacid. The aqueous solutions of acetozone, therefore, contain an insoluble precipitate of dibenzoyl peroxide, some acetic and benzoic acids, some benzoperacid and chiefly acetoperacid. The active agent is therefore acetyl-hydrogen-peroxide.

He recommends the administration of a solution of 12-15 grains of the powdered acetotone to a quart of hot water ( $120^\circ-150^\circ$ .) Stopper and shake vigorously for 3-5 minutes, when a milky solution is obtained due to the infusorial earth mixture and to the formation of dibenzoyl peroxide. The solution is allowed to stand and the clear fluid decanted and given *ad libitum*. It replaces water and all other fluids save milk. In addition the solution of acetozone is given as medicine in from 4-6 ounce doses every four hours. This was the only medicine given to combat the fever, with occasional



small doses of sodium phosphate or magnesium sulphate to move the bowels and to convey the acetozone solutions as far down the intestinal canal as possible. A temperature above  $102^{\circ}$  was treated by sponging with cold water and if necessary the cold pack or full tub bath was resorted to.

The average duration of the fever after the administration of acetozone was begun was eighteen days in the 117 recovered cases.

Of the whole series of 128 cases, 117 made good recoveries, or 91.4 per cent, while 11 died, 8.59 per cent. among those not treated with acetozone during the same epidemic the death rate was 13.1 per cent.

He says that under the acetozone treatment in favorable cases (seen early) the duration of the disease has been materially shortened and the most disagreeable symptoms ameliorated. The typhoid fever of the stools and the peculiar odor of wards containing typhoid patients are greatly lessened. The stupor and delirium were very much less, tympanites less frequent and diarrhoea was checked. The temperature was reduced; the nurses uniformly commenting on their lightened tasks when caring for typhoid cases under the acetozone treatment. He concludes that when cases can be seen during the first week after illness and given large amounts of acetozone solution regularly and often, assisted by gentle laxative, the temperature will return to the normal in ten to twelve days.

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***Further Report on the Use of Ethel Bromide as a Primary Anesthetic to Ether.***

Emery Marvel (*Annals Gynecology and Pediatrics*, February 1903) reports further on the use of Ethel Bromide preliminary to ether.

Of thirty-three cases operated on thirty have required laparotomy. The time required to secure unconsciousness averaged twenty-five seconds. It has a slight accelerating influence upon the heart and a tendency to increase arterial tension. There was occasional dyspnoea with consequent cyanosis of mild form, and muscular contractions were also manifest in some cases but only of short duration.

The advantages of this method over ether alone are: The reduction of the discomfort to the patient taking ether shown in the absence of bronchial irritation, with the increased mucous secretions and consequent coughing.

The diminished dangers by injury due to the violence from the



more marked and longer lasting excitation in the muscular contraction that frequently takes place in the first stage of the narcosis. The smaller amount of ether required, with the consequent more rapid regaining of consciousness and the diminished tendency to post-anesthetic vomiting.

*For Gastric Hypochylia in Intestinal Dyspepsia.*

Dr. John C. Hemmeter (*Medical News*, April 18th,) gives the following as his favorite recipe:

- R Strychnine sulphate . . . . . 0.02 gramme ( $\frac{1}{3}$  grain);  
 Dilute hydrochloric acid . . . . . 15.00 grammes ( $\frac{1}{2}$  ounce);  
 Fluid extract of condurango . . 45.00 grammes ( $1\frac{1}{2}$  ounce);  
 Elixir of gentian . . . . . 180.00 grammes (6 ounces).  
 M Sig. Half a fluid ounce in two ounces of water, half an hour before meals, through a glass tube.

Dr. Hemmeter adds that the dilute hydrochloric acid cannot be given in sufficiently large quantity to replace completely the normal secretion if this is absent entirely. Its function is merely that of a gastric and pancreatic stimulant in these doses.

When there are evidences of anaemia, Dr. Hemmeter says that the following acts satisfactorily:

- R Quinine sulphate . . . . . 1.16 gramme (18 grains);  
 Strychnine sulphate . . . . . 0.02 gramme ( $\frac{1}{3}$  grain);  
 Iron sulphate . . . . . 0.80 gramme (12 grains);  
 Arsenous acid . . . . . 0.12 gramme (1-5 grain).  
 M Sig. Make into 12 pills. One pill three times daily. They must be prepared fresh and not coated.—*N. Y. Med. Jour.*





## DEPARTMENT OF OPHTHALMOLOGY OTOLOGY, LARYNGOLOGY & RHINOLOGY

In Charge of Albert E. Bulson, Jr., B. S., M. D.

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

### *Exsection of the Tarsus in Certain Forms of Chronic Trachoma.*

Dr. Casey A. Wood, Chicago, presented this paper before the Academy of Ophthalmology and Otolaryncology, at the Indianapolis meeting in April, the following abstract of which we take from the Ophthalmic Record for May:

Dr. Wood does not advise this operation in any of the recent or acute forms of trachoma nor in any case where there is a reasonable prospect of an early cure from other forms of treatment. When other remedies, however, have failed and the patient has but to look forward to months and years of suffering with serious interruption of work, in many cases tarsal excision is certainly indicated. Removal of the tarsus in part or as a whole is indicated in those long standing cases of trachoma not amenable to other forms of treatment, in which the lids show infiltration and granulation deposits in the connective tissue of the retrotarsal folds, whether the cornea be affected or not. If the tarsus be thickened and enlarged, the operation is the more urgently indicated. Also if there be disease of the folds without thickening of the cartilage, and the cornea is affected, the operation should be done. Where after an atrophy or cure of previously existing granulations in the tarsal folds, there remain deep seated foci in the tarsus, whether the cornea has escaped or not, removal of the tarsus will give gratifying results. Its success largely depends upon precision in placing the sutures and other details difficult to carry out if the patient is restless. When the operation is done, as it usually is, on the upper lid, the latter is everted so that the convex border of the tarsus is thoroughly exposed. This is then grasped with two strong toothed forceps at the junction of the middle and the outer and inner thirds of the tarsal margin and drawn firmly upward by the assistant standing at the patient's head. Following as near as possible the margin of the diseased area, an incision is made from the outer to the inner canthus through the conjunctiva only. The wound will gape (unless the conjunctiva is bound down



by previous mechanical treatment,) and the fibres of Mueller's muscle will be recognized. These stitches should now be passed through the bulbar margin of the incision, care being taken to include only the conjunctiva and a few fibres of the submucosa. If more than a mm. in width of conjunctiva is included in the sutures, small symblepharon folds may form opposite each stitch, and if too deeply inserted there will be a noticeable dragging on the lid edges. Once introduced through the lower wound margin, they should be allowed to hang down over the globe, resting on a sterilized towel placed on the cheek. The bulbar conjunctiva should now be separated from the globe a distance of 3 to 5 mm. from the edge of the wound. The forceps may now be removed from the convex border of the tarsus and lid margin be grasped at its middle point, a horn spatula being passed behind the everted lid. A second incision, running the whole length of the parallel to the lid edge, is now made as nearly as possible in the healthy conjunctiva. The intention is to remove as little of the uninfected mucous membrane as possible and leave as large a portion of the central conjunctiva as is consistent. The spatula is removed, and the lid drawn upward and backward. The tissues are now seized at the nasal junction of the two incisions and the tarsus orbicularis and Mueller's muscle. At this point the anaesthetic may be withdrawn and time allowed for the bleeding to cease. Some branches of the arterial supply may have to be twisted, but not much trouble has been had with hemorrhage. The conjunctival sac should now be thoroughly irrigated and the lips of the wound brought together. Care should be taken to exactly place each suture in both wound margins so that it will exactly oppose its fellow when the eye is closed. The bulbar conjunctiva should not be put too much upon the stretch. The middle suture should first be tied. He would advise that the patient be allowed to sufficiently recover from the anesthetic to discover whether the palpebral movements are sufficient and to be sure there is no irregularity at the lid margins. His assistant, Dr. Frank Brawley, has prepared a modification of the black silk (No. 2 black braided) which Worth advises in his advanced operations. The silk is wound on ordinary glass microscopic slides for convenience in handling, and sterilized by boiling thirty minutes. It is then dehydrated by emersion in absolute alcohol for ten minutes and dried above a Bunsen burner flame. These slides of silk are then dropped into a jar of liquid paraffin containing 25 per cent. of vaselin, where they remain until used. An end of suture is drawn out of jar, and



the excess of wax stripped off the required suture lengths, by drawing through sterile gauze held in thumb and finger. These threads are somewhat stiff and yet flexible, are easily threaded, never kink, and slip through the tissues with the minimum amount of friction and do not readily tear out of the tissues in which they are placed. The knots are much less liable to irritate the cornea and bulbar conjunctiva. The after treatment is simple. Gentle irrigation of the sac four or five times daily with warm boric acid solution, followed by the instillation of warmed and sterile vaseline acts nicely. The vaseline softens the sutures and protects the cornea. A light bandage is applied over both eyes and order quiet, but do not insist he shall stay in bed. The sutures are removed the fourth or fifth day. In a week or ten days the sac should be examined for granulation tissue or irregular wound margins, which are best clipped off with the scissors. The most important result of the operation is the relief given to the irritative symptoms of the disease; the photophobia, lachrymation, foreign body sensations, etc., soon subside. Pannus is always lessened and may often disappear, thus improving the sight. Finally, when recurrent ulcer of the cornea is to be dealt, a cure of the abnormal conditions behind it generally prevent a return of the disease. He has never seen a single instance of ptosis following this operation in the twenty-two which he has himself operated on. He should also like to enter a denial as to the probability of entropion. He thinks if directions for placing the sutures, and especially if the specially prepared silk be used, no such complications will arise. The production of irregular, symblepharon-like folds in the region of the sulci is an accident that may happen to the careless operator. For relief of this it is best to dissect back the symblepharal attachments and implant mucous membrane or skin grafts to cover the denuded surface. (Dr. Wood reported a series of cases operated upon by himself.)







## BOOK REVIEWS

**Lea's Series of Medical Epitomes. Manton's Obstetrics.**—A Manual of Obstetrics for Students and Practitioners. By W. P. Manton, M. D., Adjunct-Professor of Obstetrics and Professor of Clinical Gynecology, Detroit College of Medicine. In one 12mo volume of 265 pages, with 82 illustrations. Cloth, \$1.00. Lea Brothers & Co., Publishers, Philadelphia and New York. 1903.

The subject matter of this manual is well arranged and its treatment is as full as is warranted by the scope of the work. The chapters on mechanism are terse and concise, and present the generally accepted views.

Embryology is considered much too concisely for complete comprehension by a novice, but serves very well to refresh one's memory who has had former study of this subject. It is withal a good manual.

B. VAN S.

**Diseases of the Skin, Their Description, Pathology, Diagnosis, and Treatment with Special Reference to the Skin Eruptions of Children and an Analysis of Fifteen Thousand Cases of Skin Disease.**—By H. Radcliffe-Crocker, M. D. [Lond.], F. R. C. P. Physician for Diseases of the Skin in University College Hospital; Honorary Member of the American Dermatological Society; Late Physician to the East London Hospital for Children. Third edition revised and enlarged. With four plates and one hundred and twelve illustrations. Philadelphia. P. Blakiston's Son & Co. 1012 Walnut Street. 1903.

This new edition of H. Radcliffe-Crocker's book will be welcome by the profession as a valuable addition to dermatological literature. The writer has occasion to refer to the first edition and the improvement and growth of the work has been very striking. The first edition contained 746 pages while the present one has over 1,450 and the additions are made up of most valuable material. The illustrations comprise four excellent plates and over 100 illustrations which elucidate the text in the most admirable manner.

The subject of dermatology like that of neurology has heretofore been shrouded with a veil of unnecessary mystery. The laws of pathology and therapeutics are precisely the same here as elsewhere and it is only necessary to combine an adequate knowledge of structure and function with the clinical data derived from experience to deal intelligently and successfully with diseases of the skin. General hygiene and dietetics are quite as important here as elsewhere and in short it is just as necessary here as elsewhere to treat the patient instead of the disease, although the former will of course include the latter.

Although somewhat ponderous in size, the clear way in which



the subject is presented will make this an excellent guide to the general practitioner who desires to give a little more than the average attention to skin diseases and this is what most physicians ought to do as specialists are not everywhere and always available.

The volume is mechanically well executed, the name of the publishers always being a guarantee of this and is well worth space in the working library of every up-to-date general practitioner.

G. W. M.

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**International Clinics.**—Vol. I. Thirteenth Series. 1903. J. B. Lippincott Co., Publishers. Philadelphia.

The well known quarterly publication is very interesting. It contains articles by J. W. Ballantyne, Frank Billings, Henry Cattell, Max Einhorn, Ernst Finger, M. Howard Fussell, Thomas Jonesco, W. W. Keen, A. F. A. King, Thomas Manley, William Osler, George Ross, Thomas E. Satterthwaite, Nicholas Senn, A. R. Sands, John Thompson, E. W. Watson, R. Webb Wilcox. These names are a sufficient guarantee of excellence. The review of the progress of medicine is quite complete and every practitioner should avail himself of the benefit to be derived from a perusal of this volume.

B. VAN S.

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**Obstetrics.**—A Manual for Students and Practitioners. By W. P. Manton, M. D. Lea Brothers & Co., Philadelphia.

This epitome is well gotten up. It does one good occasionally to view a subject from an elevation sufficiently high to prevent minor and unimportant details from obtruding themselves upon us. One who desires to get a comprehensive knowledge of embryology should study more complete works, of course, yet it seems to us that this particular chapter is more condensed than it should be even for a manual.

B. VAN S.

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**Practical Medicine Series.**—Obstetrics by Reuben Peterson, A. B., M. D. Professor of Obstetrics and Gynecology, University of Michigan. Published by the Year Book Publishers, Chicago. Price \$1.50.

The present volume is No. V of the series of ten issued at monthly intervals and covering the entire field of medicine and surgery. They are under the general editorial charge of G. P. Head.

It is only intended in the publication to review and abstract the literature of the year upon the different subjects and present it with very little editorial comment. This idea has met with favor and year books have grown in popularity with the increase of medical literature and periodicals. The present volume is readable and the abstracts faithfully made.

B. VAN S.



*Surgical Emergencies: The Surgery of the Head*,—By Bayard Holmes, B. S., M. D. Professor of Surgery in the University of Illinois, Professor of Clinical Surgery in the American Medical Missionary College, Chicago, Attending Surgeon, the Chicago Baptist Hospital. New York. D. Appleton & Co. 1903.

We learn from the preface that this volume is one of a series of books on the "every-day surgery of the human body" which the author has had in course of preparation for a number of years. From the same source we also learn that the surgery of well established specialists is omitted. From the title one might be lead to think that the book treated of emergency surgery only, but this is by no means the case. Malformation, injuries and diseases, including tumors, are systematically and scientifically considered with special emphasis upon such conditions as the general practitioner most frequently meets. Judiciously selected cases are reported to emphasize important points made in the text.

Another very commendable feature of the work is the bibliographic indexes appended to each chapter or subject. This feature materially enhances the value of the book to any one who wishes to make an exhaustive study of any of the subjects of which it treats. We note that while consideration of well established specialties is omitted for the most part yet a chapter is given to otitis media. This is as it should be inasmuch as otitis media is the most fruitful source of brain abscess and a frequent cause of other cerebral lesions requiring surgical relief. We have but one criticism to make of the book. The author advises through and through sutures in operations for hare lip and other operations on the face. There is seldom a legitimate excuse for a through and through suture in operations about the face or in fact any locality where the avoidance of a scar is particularly to be desired. There are 14 plates and 90 illustrations. The publisher's work is satisfactory. The book will prove a very valuable addition to the library of either surgeon or general practitioner and especially the latter.

M. F. P.





# Fort Wayne Medical Journal-Magazine

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## EDITORIALS

### *Connersville Sanatorium Company.*

We recently received the following letter which we believe is deserving of widespread publicity and hence cheerfully reproduce it here.

CONNERSVILLE, IND., June 19, 1903.

*Dr. Miles F. Porter, Fort Wayne, Ind.*

DEAR DOCTOR:—The Connersville Sanatorium Company, a corporation organized under the laws of the State of Indiana, has bought the Daum Sanatorium, Connersville, Ind. The Sanatorium is modeled after the style of the famous White House at Washington, D. C., and is located in the midst of a park containing 60 acres of rolling ground well shaded with large forest trees, on which there are beautiful drive ways, natural springs, an artificial lake, etc. In fact with more than \$50,000 which has been expended and all that nature has done this place has been made not only a health station but an ideal pleasure resort.

Dr. William J. Porter, whom we believe is well known to the



medical profession; has been selected as the Medical Director for the Institution.

The Board of Directors has decided to sell a limited amount of preferred stock at par. This stock has a guaranteed dividend at 8 per cent. per annum before any dividend is paid or set aside for the common stock. To doctors who may purchase preferred stock the following proposition is offered: A commission of 10 per cent. will be paid on all money collected from patients sent by the doctor.

You will readily see that such connection will be of great advantage to you; it will give a good return on the money invested; it will help retain for you your patients and give you prestige and influence in your own community, besides the commissions which you will be paid.

Kindly give this matter your immediate attention, a prompt reply is expected as we intend to locate an agency in your locality in the near future. You have been recommended to us as one of the leading physicians in your community and it has been decided to give you the first opportunity. We will be glad to furnish you with further information should you desire it.

Yours truly,

C. H. CHAMBERS, Sec'y.

Doctor William J. Porter may be "well known" to the medical profession but it has never been my fortune to hear of him. However if the doctor wishes to be favorably known by the medical profession he will soon divorce himself from the Connersville Sanatorium. "Men are judged, and righteously we think, by the company they keep," and the doctor who does not want to be classed with mountebanks and fakirs must not associate with them.

Like most men, doctors included, we do not object to either 'dividends' or 'commissions.' In fact we have a liking for both dividends and commissions but we prefer to continue to live without them rather than to achieve them by exploiting our patients.

From a purely business standpoint we believe the proposition to be not a good one; from an ethical standpoint it is simply rotten; all in all it is, in our opinion, therefore bad. We are therefore unable to see that "such connection will be of great advantage" to us. Such a connection as the letter proposes would not help one "retain" his patients but would prove a sure and speedy means of losing them. I should want a better community



to be hung in than one which would approve of such a "connection." We do not care for "prestige" (we presume prestige is meant) and "influence" in a "community" in which they can be gained by such "connections," and we feel confident that there is not in Hoosierdom at least a community in which prestige and influence can be gained by a doctor by any such questionable "connection" as that proposed in the letter. We did not give this letter the "immediate attention" requested but we have given it as prompt attention as we could, considering, as above stated, that we believed it deserving of wide publication.

The question of division of fees and giving commissions as applied to the medical profession is a burning one. The surest, speediest and best way of settling it is for the champions of the two sides to array themselves openly on their respective sides. Then let there be an "open field and a fair fight" and let public opinion decide to which belongs the victory. The difference between the two sides is broad and deep therefore must the vanquished be prepared to see the thumb of public opinion turned down and hear the fatal sentence from which there is no appeal—  
*Pereat.*

M. F. P.

### ***Osteopathy in Minnesota and Utah.***

The Legislature of Minnesota disgraced itself recently by passing a law giving to osteopaths all the rights and privileges of physicians and exempting them from suits for malpractice. To give osteopaths the rights and privileges of physicians is bad enough but to exempt them from suits for malpractice at the same time those privileges are extended is absurd, and the enactment of such a law entitles the Minnesota Legislature to the first prize as law makers of the assinine species, pale blue variety. One Heiber H. Horton is credited with lobbying the bill through and the fact that he was made the attorney of the osteopathic board immediately after the bill became a law shows him to be as short on honor as the legislators, who passed the law, are long on ears. What a pity that Minnesota has not a governor with the clear judgment, good sense, and moral back-bone of the governor of Utah! After learning of the action of the Minnesota Legislature in this matter it is at once refreshing and encouraging to read the forceful and honorable veto of Herbert M. Wells, governor of Utah, of the osteopathic bill presented to him for his signature. Among other good things he says: "No practitioner of this school (oste-



pathy) who possesses the qualifications required of the practitioners of other schools needs such a law. I deem it unwise to enact it for the benefit of those who have not those qualifications. Whenever all who seek to engage in the healing art shall be equally recognized as competent under the regulations now generally established, one medical law will be sufficient." M. F. P.

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***Dr. McCaskey a Recognized Authority.***

Some months ago the editor of the *International Medical Magazine* formulated a set of questions concerning hyperchlorhydria to be answered by well known authorities of gastric affections. The list of names to whom the inquiries were to be made were carefully selected with a view to ability and prominence in the medical profession, and contained the names of some of the best known men in the United States as well as Europe. It is with considerable pleasure that we note that among the men asked to answer the questions submitted was the name of Dr. George W. McCaskey, of Fort Wayne, and his answers to the inquiries appears, together with the answers of many other well known American and European authorities, in the June number of the *International Medical Magazine*. We may add that we believe that the committee who selected the list of gentlemen to answer the questions submitted made no mistake in selecting Dr. McCaskey as one of the number. For many years Dr. McCaskey has been one of the most progressive, scientific and scholarly men in the medical profession, and his many contributions to medical literature, based upon a very large practice and extensive original research, have attracted attention all over the world. He has been honored by being president of many societies, and in his own state has received the highest honor which could be given him by the local medical profession of the State by being elected as president of the Indiana State Medical Association. It does, however, give us much pleasure to note the recognition given to Dr. McCaskey by those both at home and abroad who stand high in authority, and his selection as one of those to answer the questions propounded by the *International Medical Magazine*, and the frequent quotation of his articles in textbooks and current medical literature, seems worthy of our comment in view of the fact that many of our readers may not be in close touch with the writings upon the special subject with which Dr. McCaskey is closely identified. We have only to add that the reputation is well deserved and will be sustained. A. E. B.



***But One Profession of Medicine.***

In a recent issue of the *Journal of the American Medical Association*, Dr. Dudley S. Reynolds of Louisville, Ky., has a brief, pointed and very suggestive article under the above caption. He points to the fact that under the rigid requirements of the different state laws, all medical schools are compelled, without regard to sectarian names or proclivities, to teach the same anatomy, histology, physiology, pathology, toxicology, materia medica and therapeutics, not only without any pretense of difference excepting certain special features of materia medica and therapeutics, but for the most part using precisely the same text books.

Up to within a very short time, one of the most serious objections to the so-called sectarian practitioners was the low standard of educational requirements in the schools from which they graduated. It really looks as though in the march of events that they have been saved in spite of themselves, and it may be safely said that on the score of fundamental training and education, they have been raised to a respectable standard.

What remains to distinguish them as something separate and apart from the general medical profession? Nothing but a tenacious adherence to peculiar therapeutic tenets which have been erected into a dogma serving as a foundation of an esprit du corps, the perpetuation of which is made a matter of professional pride. As a matter of fact, it is nothing more than the worship of the tradition. Any member of the medical profession today is at perfect liberty to promulgate therapeutic theories of any sort which he can furnish arguments to support without censure, but, of course, not without scientific criticism.

As Dr. Reynolds truly says, "We are one profession by virtue of our community of interest, occupation and educational training. We are one profession by virtue of our lives of devotion to a common cause."

The time ought soon to come when sectarianism in medicine would be a thing of the past, and if the "handwriting on the wall" can be correctly deciphered, that time is not now far distant.

G. W. M.



## ORIGINAL ARTICLES

No paper published or to be published elsewhere as original  
will be accepted in this department.

### *Obstruction of the Bowels; Report of a Case with Remarks.*

BY

L. H. DUNNING, M. D.,  
Indianapolis, Ind.

Mrs. A. B. aged 64 years ate a hearty meal the evening of May 30, 1903. This food did not digest well and was vomited a few hours later. The following morning (May 31) she took one-half oz. of castor oil and about noon of that day a small movement of the bowels occurred. The stomach continued irritable and vomiting persisted.

The vomiting continued until Thursday, June 4. In the meantime calomel in small doses were given her, and a saline cathartic, to no avail. There had been given also small and large enemata without effecting an alvine evacuation. The colon and rectum held and retained over three quarts of water. On Thursday morning, June 4, four days after the onset of the disease stercoraceous vomiting occurred. The temperature in this case did not rise above 99 1-2 until Thursday noon, the fourth day. The pulse run from 65 to 90. There was no marked tympanitis. At first there was marked peristalsis but it was slight after the third day.

When I first visited the patient, the beginning of the fifth day the temperature was 99 2-5, pulse 95 and rather hard. There had been stercoraceous vomiting during the day. The patient was warm but markedly depressed. There were two large red spots upon the cheeks, but no capillary congestion, elsewhere observable. The tongue was heavily coated with dark brown fur. There was not much distention of the abdomen, and no peristaltic movements were observed by me. There was no localized swelling, but a little resistance and tenderness was elicited upon pressure over the coecum and colon in the inguinal region. Obviously there was obstruction of the bowels and only operation promised anything for the patient. The parties consenting, immediate preparations were made and the abdomen



opened at 8 p. m., 4 1-2 days after the onset of the disease. A central incision was made. On entering the peritoneal cavity, dark chocolate colored loops of small intestines were encountered. The small intestines were considerably distended by gas, were quiet and though of a dark chocolate color retained their gloss. The central incision between the umbilicus and pubes was about three inches long. The small intestines did not show much inclination to run out of the incision upon the external abdominal walls. My belief was that the occlusion was somewhere in the region of the iliocoecal valve and as the intestines were easily manipulated the lower coil was gently seized by the finger and thumb and drawn out while the assistant gently returned the same back into the abdominal cavity. In this manner probably two feet of intestines were passed between our hands, when a resistance detered our further progress. Gentle, steady traction was made when suddenly the resistance yielded, and a portion of contracted twisted small bowel came into view and into my hands. This contracted twisted portion was probably eight inches long and proved to be the portion of the ileum nearest the colon. Indeed the constricted portion extended up to the iliocoecal valve. We found two spots indicating the site of adhesion to some other tissues. These spots were raw and bled slightly. The spots did not correspond in size and shape and were about three inches apart and on opposite sides of the bowel, just below the upper raw surface, was found the most distinct torsion, and there was a narrow strip, an inch long, of very dark bowel. Further down, nearer the iliocoecal valve, the circulation in the bowels seemed less affected, yet was of a chocolate color. The colon was very nearly of natural color and was not collapsed. Evidently we had released the contracted portion. We untwisted it by gentle manipulation, yet the gas from the distended intestine above did not rush into the constricted portion as was expected. By a little manipulation with moist sponges in our hands, the gas was finally urged along the alimentary tract until the constricted portion became partially distended and gas in small quantities passed through the iliocoecal valve into the large intestines.

The color of the small intestines improved slightly, but so slightly as to excite our fears that the walls of the intestines were injured beyond restoration.

We waited a few minutes and noted the changes in the color of the intestinal walls. Very little improvement could be observed, neither could much effort at peristalsis be seen.



Nothing remained for us to do but to close up the abdomen which we did quickly. Our operation was completed in 35 minutes.

Our patient was given a subcutaneous transfusion of normal salt solution and 1 1-2 pints of a similar solution were injected into the rectum.

The patient had a passage from the bowels of a large quantity of water, liquid fecal matter and gas in 5 or 10 minutes after being placed in bed. She vomited a large quantity of grumous material also. Her condition was bad. The temperature was low and the pulse rapid and irregular. She died two hours after the completion of the operation. Our operation was too late and yet this patient did not, previous to the operation, show many of the urgent symptoms so frequently met with even upon the second day of complete occlusion of the intestines.

It is true that for 3 1-2 days it was evident that no fecal matter or gas had passed the length of the alimentary canal. This case emphasizes again the necessity of an early operation in obstruction of the bowels. I must say that the diagnosis is oftentimes a most difficult one. Is there any one symptom, except stercoraceous vomiting that is pathognomonic of obstruction of the bowels?

There is no pathognomonic sign or symptom enabling one to positively diagnose a case of acute obstruction, except stercoraceous vomiting, and this symptom is not pronounced if the obstruction is in the upper part of the small intestines, and when it does occur, not infrequently it is so late in appearing that the case is practically hopeless. There is however an ensemble of symptoms which if taken together and in conjunction with the history of the case will enable the physician to make the diagnosis with considerable certainty.

The first symptom to appear usually is pain, sometimes more or less localized but most frequently situated about the naval. After a time it becomes general. Sometimes the pain is intermittent and agonizing. When the peristalsis is violent, it is usually accompanied by colicky pain. Constant pain diffused over the abdomen is, as a rule, indicative of peritonitis. The pain of acute occlusion is generally intermittent and agonizing and only becomes constant and general as peritonitis develops.

Vomiting begins early and varies greatly as to character of matter ejected. At first the vomit may contain undigested food, then becomes bilious, then grumous, finally stercoraceous. Pro-



jectile vomiting indicates the gravity of the case but is not of great diagnostic significance.

The entire absence of the bowel movement and passage of gas by rectum is of course always observed in complete occlusion. At this point the physician is sometimes deceived, for there may be an evacuation from the large intestines even several hours after the occlusion of the small intestines.

Peristalsis is invariably increased at the outset of the attack. The waves of rhythmic contraction can be observed if the patient have thin abdominal walls and if they can be traced to a given point at which they stop.

Later if peritonitis arises distention of the abdomen occurs and the distended coils of intestines can be no longer observed. When peristalsis with intermittant pain disappears it is a grave omen, for it indicates either paresis of the intestines or exhaustion so far advanced as to produce complete relaxation of the muscular coat of the intestines.

Each of the various forms of acute intestinal occlusion presents some slightly different features, as for instance, if the occlusion be due to invagination, the occlusion may not be complete at first and there may be passages of small amounts of fecal matter mixed with blood and mucus. And even after the occlusion is absolute there may be and frequently is passages of mucus and blood. In such cases distension of the coils of intestines come later and as a rule a tumor can be palpated.

In volvulus of the sigmoid the large intestines are distended and may be traced from the site of the twist to the coecum.

In spare patients physical examination of the abdomen often yields much information. At first, the walls are lax, and distended coils of intestines may be seen passing more or less transversely across the abdomen. Any lack of symmetry should be observed especially if marked distensions or deep depressions are present. The peristaltic wave should be waited for and watched. When it is strong and uniformly passes over the same course and stops at the same spot considerable confidence may be felt in the belief that the occlusion is situated near the point of cessation of the movements, especially if in the same region upon percussion it is found that the resonance over the distended bowel gradually lessens and becomes dull when the supposed constricted portion is reached, and especially should there be slight resistance on pressure at this point. In the case reported above there was slight resistance on pressure, slight dullness in the right illiac fossa, so that we predicted that the occlusion would be found at that point. Our prediction was fulfilled. A tumor should be sought for. If



one is found in the pelvis of a woman, it may and probably will, account for the occlusion. If high up in the abdomen and there be an associated jaundice, or other signs or symptoms leading to suspicion of lesion of the biliary passages, impacted gall stones should be thought of. If the subject be a young person and a small irregular tumor be found near the iliocecal valve and especially if there be bloody discharges from the bowels, invagination should be considered.

The limits of our paper will not permit an extended discussion of the subject. We are striving only to present helpful hints. Regarding the treatment, I will say that in my judgement it should begin by the administration of a large enema. By this means the colon if not the seat of the occlusion may be emptied of fecal matter. In an adult the rectum and colon will readily receive two or three quarts of fluid. If it does and the course of the distended colon can be traced around the iliocecal valve, it is demonstrated that the obstruction is in the small intestines or at the valve.

When but a small quantity of water can be introduced into the rectum and colon, we must look for the obstruction in the rectum or colon. I do not believe it matters much what fluid we use as an injection, normal salt solution, soap suds water or oil. I do not believe we are justified in giving more than one course of cathartic, and that only at the beginning of the attack. It seems to me a few small doses of calomel, followed by a liberal dose of oil will effect the end of producing a passage if there is no occlusion. When there are strong reasons to believe there is obstruction, even these should be omitted and recourse be had to rectal enemata and colon flushings. The pain is sometimes so terrific at the onset that hot applications are entirely inadequate to afford relief and recourse must be had to some anodyne. I think a single dose of morphine and atropine is admissible. In case the diagnosis is in doubt it is better to withhold all forms of opium. Atropine has been much lauded, but in my hands it has not proven of much value. In a few instances it has seemed to be of service in relieving circulatory disturbances. My belief is that in acute obstruction there is little to be gained in waiting to see if beneficial results may be obtained by medical means. When the diagnosis is reasonably certain the sooner operative measures are resorted to, the better. My experience in operating upon obstruction of the bowels is limited to 19 cases. Of this number 6 have recovered and all but one of these were operated upon under  $3\frac{1}{2}$  days from onset of the obstruction. But one case operated upon after  $3\frac{1}{2}$  days has recovered. I am more and more impressed by the fact that if we would save the greatest number of lives, we must proceed early. In order to do this we must make an early diagnosis. To endeavor to serve in a helpful way in aiding some one to make such a diagnosis is the sole object in presenting this paper.



# SOCIETY PROCEEDINGS

## *Indiana State Medical Association.*

The annual meeting of the Indiana State Medical Association, held at Richmond on June 4 and 5, was a notable meeting in many respects. The attendance was equal to that of any of the preceding meetings, and the scientific program offered a variety of interesting subjects which were handled by the essayists and discussed by the members in an entertaining and instructive manner. Owing to the fact that the reorganization scheme was taken up by the Association at the Richmond meeting, and considerable time was consumed in the discussion of the various features pertaining to the adoption of a new constitution, some of the papers on the scientific program had to be omitted and read by title. On the whole, however, the program was carried out with reasonable promptness and a comparatively limited number of omissions.

The members of the local medical fraternity of Richmond deserve great credit for the very complete and satisfactory manner in which the arrangements were perfected and carried out. The social features proved abundant and pleasing in every detail, as might be expected from not only a progressive but very hospitable body of medical men as found in Richmond. The Country Club, the Elks' Club, and the hospital at East Haven extended all of their privileges and courtesies to the members of the Indiana State Medical Association, and the Wayne County Medical Society gave a reception and ball for the Association at East Haven on the evening of June 4th. The visiting ladies were given a reception and lawn party at the Country Club, an afternoon tea at the Westcott Hotel, and numerous trolley excursions, carriage drives, etc. Aside from this nearly every medical man residing in the city of Richmond entertained lavishly at his home with luncheons, dinners, etc. The officers of the Association and a few other invited guests were given a luncheon on Thursday noon, June 4, at the home of Dr. G. H. Grant, and on the evening of the same day the officers and a number of the other prominent members of the Association were guests at the home of Dr. Charles Marvel at a dinner given in honor of Dr. Hobart Armory Hare, of Philadelphia, the honored guest of the Association during the meet-



ing. The reception at East Haven on the first evening of the meeting, despite the terrific rain storm which prevailed, was attended by a large crowd, including members of the Association and their wives, and residents of Richmond. Unfortunately the rain prevented making the place as attractive as had been planned, by illuminations and other features which beautiful grounds and pavilions made possible. The reception, however, was none the less cordial, and the crowd was well pleased with the entertainment offered, which consisted, aside from the reception by the members of the Wayne County Medical Society and their wives, in an abundance of music, dancing and refreshments, following the usual addresses by the president and the invited guest for the evening.

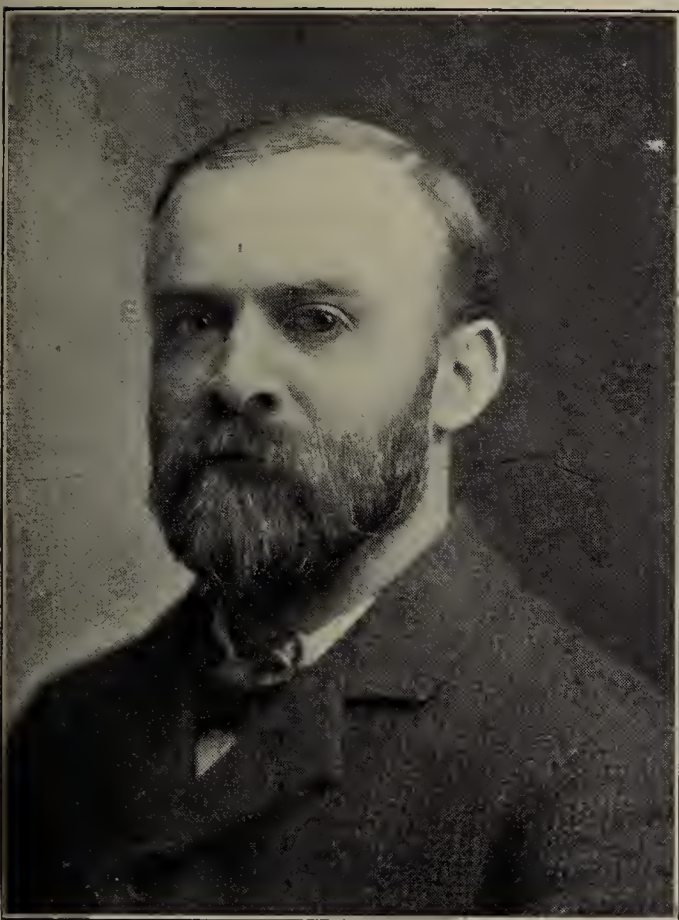
As a place of meeting it is doubtful if the Association could have selected a city or town in the state (outside of Indianapolis,) which offer better facilities or more pleasing natural advantages. The city is not only enterprising, as evidenced by the well paved streets, commodious and well built public buildings and beautiful homes, but offers many picturesque bits of scenery in the beautiful city park, on the grounds of the Country Club, and along the White Water River which courses through the city limits. Those who had the pleasure of seeing the newly acquired grounds for the city hospital about to be erected at a cost of \$100,000 were loud in their expressions of admiration for such a beautiful and picturesque location, and the possibilities for such an ideal hospital as physicians and surgeons often desire but seldom see. With a modern hospital, such as contemplated by the people of Richmond, upon the high rolling ground at the edge of the city, away from the noise and traffic and surrounded by the picturesque scenery embraced in woodland, rocks, deep ravines and clear spring water flowing in a miniature river through the grounds, it is doubtful if any city or town in the Mississippi Valley will be able to show anything better by way of hospital facilities in buildings and grounds.

#### THE WORK OF THE ASSOCIATION.

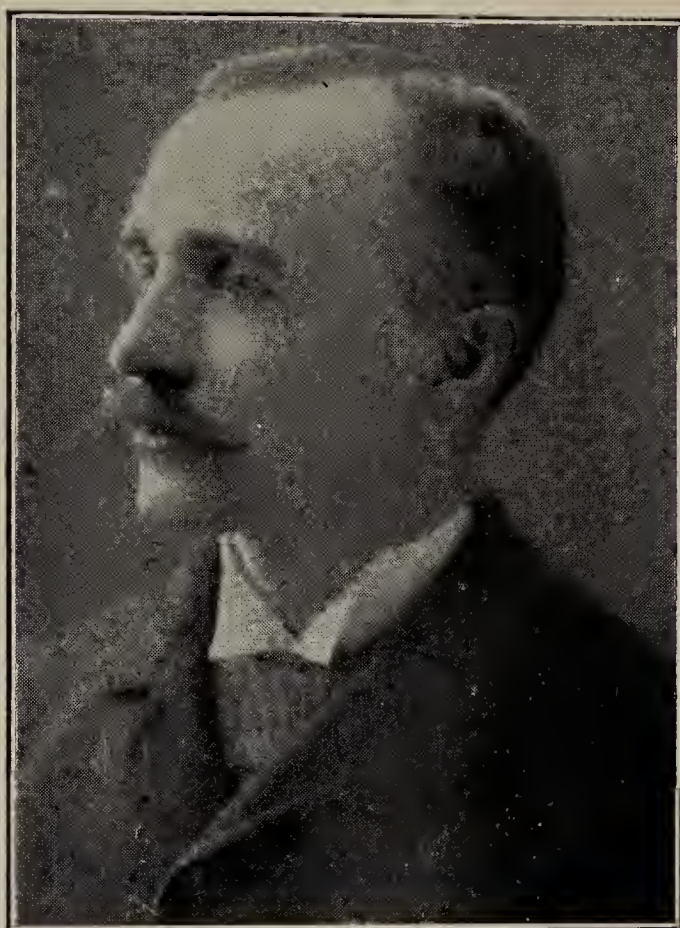
The first session of the Association was called to order by the President, J. B. Berteling, of South Bend, at 10:00 a. m. on Thursday. Following the invocation by Rev. Isaac M. Hughes, the address of welcome was delivered by Prof. David W. Dennis, of Earlham College. Prof. Dennis talked in his usual pleasing



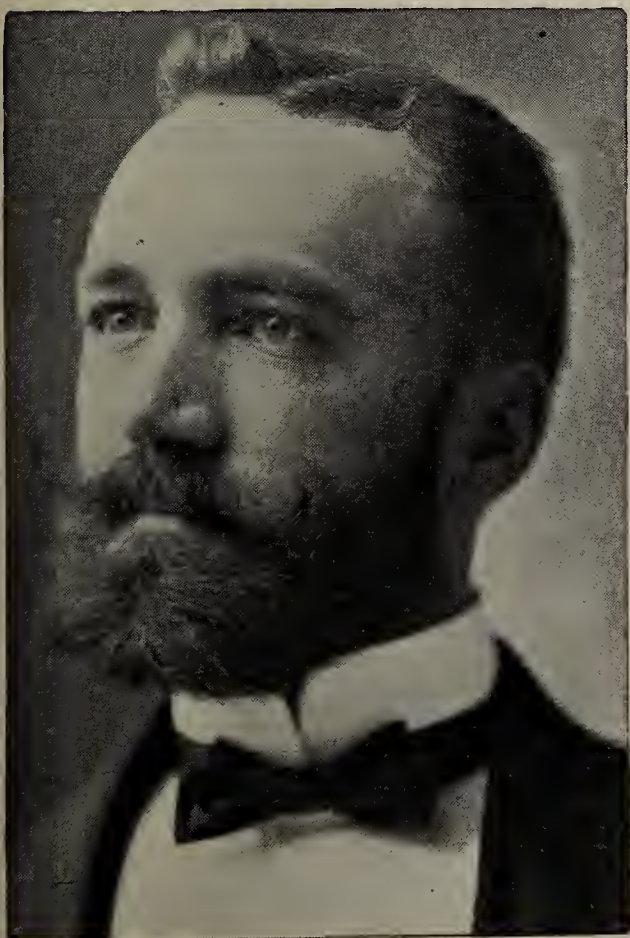
OFFICERS INDIANA STATE MEDICAL ASSOCIATION, RICHMOND MEETING, 1903  
(Cuts through courtesy of Indiana Medical Journal)



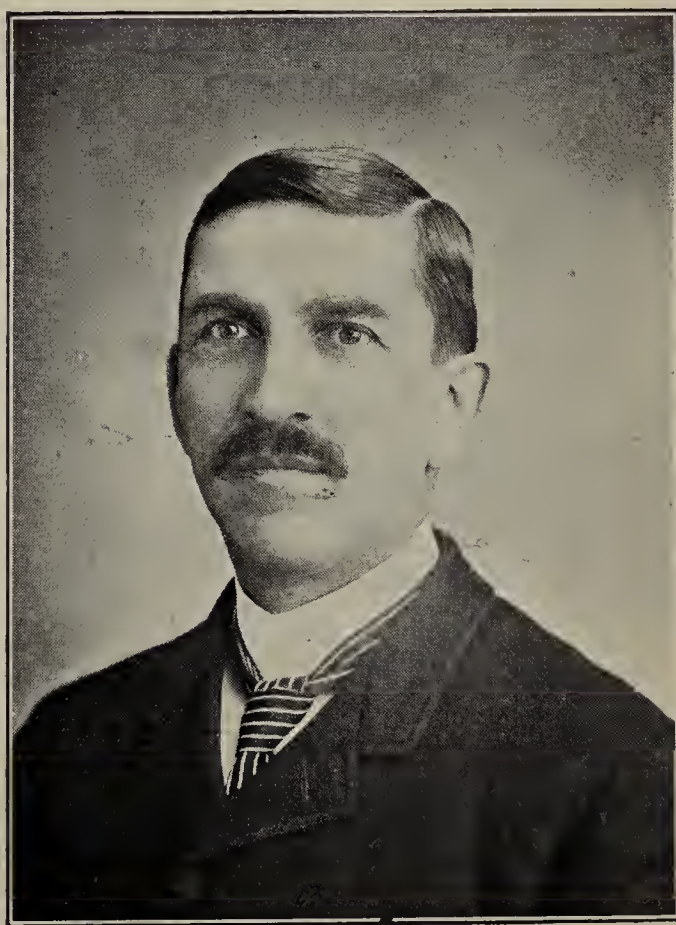
DR. J. B. BERTELING, South Bend,  
President Indiana State Medical Society,  
1902-1903.



DR. F. C. HEATH, Indianapolis,  
Secretary Indiana State Medical Society,  
1902-1903.



DR. A. E. BULSON, JR., Fort Wayne,  
Treasurer Indiana State Medical Society,  
1895-1903.



DR. C. S. BOND, Richmond,  
Chairman of Committee of Arrangements,  
Indiana State Medical Society, Rich-  
mond Meeting, 1902-1903.







manner, and his witty remarks in extending cordial welcome were received with applause. The response by Vice-President W. H. Gilbert, of Evansville, was a scholarly effort which merited the appreciation of the Association. Dr. Gilbert took occasion to call attention to the reasons for medical men meeting together for the exchange of opinions and said that medical men were always glad to receive such a cordial welcome as given by the good people of Richmond, for it indicated an appreciation of the wonderful work for humanity which the medical profession is doing.

Secretary F. C. Heath, of Indianapolis, reported that since the last meeting two new societies had been organized, but that no increase in membership could be reported for the reason that some societies had failed to make as good returns as in previous years. He reported that there had been no loss in membership, and that at the close of the meeting, when all reports were in, there might be some gain.

Treasurer Albert E. Bulson, Jr., of Fort Wayne, reported that with all the indebtedness of the Association paid there remained in the treasury about \$400. He prefaced his report with a plea for reorganization along the plan recommended by the American Medical Association, and prophesied that with the adoption of the reorganization scheme Indiana would come forward, in the course of two or three years, with a membership larger than any state west of the Alleghanies with the possible exception of Illinois.

The scientific program commenced with a paper on "Stenosis of the Esophagus," by A. B. Graham, of Indianapolis, in which the essayist advocated gastrostomy in a certain class of cases, and in all cases the extremely rare use of the bougie. In the discussion which followed it developed that some of the members were in favor of the cautious use of the bougie, and a very decided stand upon this question was taken by Dr. J. R. Eastman, of Indianapolis, who thought that but little harm followed the careful use of the bougie in the hands of an experienced operator.

Owing to the absence of the essayists, the second, third, fourth, fifth and sixth papers on the program were read by title. The papers upon "Ectopic Gestation" by Edwin Walker, of Evansville, and T. B. Noble, of Indianapolis, proved of much interest and led to extended discussion by Drs. Porter and Sweringer, of Fort Wayne, Eastman, of Indianapolis, and Gilbert, of Evansville. Dr. Porter took the position that sudden pain in the abdomen of an otherwise healthy woman, during the child birth



period, invariably meant ectopic pregnancy, a point which Dr. Noble could not sustain for the reason that the same symptom might occur in gall stones, appendicitis and some other affections. He agreed, however, that as those conditions were all surgical diseases, opening of the belly could not be amiss if the diagnosis was in doubt.

"Observations upon 69 Successful Operations for Uterine Fibroids" was the title of a very interesting and instructive paper by Dr. T. B. Eastman, of Indianapolis. The paper was thoroughly discussed by Drs. Porter, of Fort Wayne; Hayden, of Evansville, and Pantzer and Pfaff, of Indianapolis.

"Late Ocular Manifestations of Syphilis" was the subject of Dr. T. C. Hood's paper, the subject being discussed by Drs. Heath, Wheelock, Knapp and Hackleman. The paper and discussion brought out the fact that many eye affections are really manifestations of syphilis, the etiology of which is often unrecognized. It was suggested by one of the speakers that an inflammatory or degenerative change in the eye which did not conclusively point to some other definite causative factor might with reasonable propriety be considered as an affection of specific origin, and in the majority of such instances anti-syphilitic treatment produces favorable results.

Dr. C. B. Stemen, of Fort Wayne, presented a paper on "Surgery a Specialty," in which he contended that to be a successful surgeon requires something more than a comprehensive knowledge of anatomy and a recognition of diseases that are amenable to surgical treatment. Great mechanical skill, and above all else judgment based upon keen observation and extended experience are required to make a successful surgeon of one who possesses the others requirements. The paper was favorably discussed by Dr. J. H. Ford, of Indianapolis.

"Bulbar Paralysis" was the title of a paper presented by Dr. Wm. C. White, of Indianapolis, and this proved to be one of the most interesting papers of the season. Owing to the lateness of the hour the paper passed with but scant discussion.

The morning session of the second day opened with papers on "Appendicitis" by Drs. O. G. Pfaff, of Indianapolis, and C. T. Hoagland, of Millroy. As usual this subject brought out an animated discussion, in which the surgeons claimed that appendicitis was a surgical disease first, last and all the time, and the internal medicine men claimed that it was frequently a disease in



which operative interference was not only contraindicated but frequently resulted in great harm. One or two surgeons called attention to cases of appendicitis ending in a fatal termination in which an operation would probably have saved the life of the patient. On the other hand the internal medicine men reported cases of gall stone colic, typhoid fever, and even hysteria that had been operated on by surgeons for appendicitis, in some instances with fatal results when without operation the patient might have lived. Altogether the discussion was spirited and interesting, and was participated in by Drs. Eastman, Noble and Pfaff, of Indianapolis, and Porter, Rosenthal, Sweringen and McCaskey, of Fort Wayne.

A paper on "Color Blindness," by Dr. J. B. Fattic, of Anderson, emphasized the importance of tests for color blindness in employes upon our steam and electric roads, and steamship lines. Drs. Heath, of Indianapolis, and Worrell, of Terre Haute, discussed the paper favorably.

"Spastic Contraction of the Intestinal Muscles as an Element in Intestinal Obstruction" was the title of a paper by Dr. H. O. Pantzer, of Indianapolis, which brought out extended discussion by Drs. Porter, Buchman and Rosenthal of Fort Wayne, and Pfaff and White of Indianapolis.

Dr. D. C. Peyton, of Jeffersonville, reported a case of Reynaud's Disease with gangrene necessitating amputation of all fingers and thumbs. The paper was favorably discussed by Drs. White, Fletcher, Sterne, and Hodges of Indianapolis.

"Non-Tubercular Hemorrhages from the Upper Air Passages" was the title of a paper presented by Dr. L. F. Page, of Indianapolis. The paper was favorably discussed by Drs. Wishard, Barnhill and Wollen of Indianapolis, and Spohn of Elkhart, in which it was pointed out that diseases of the kidney, liver and blood dyscrasias, as also erosions from traumatism could be responsible for hemorrhages from the upper air passages.

"The Study of Sound Vibration," by Dr. Wiedeman, of Terre Haute, was an interesting paper and brought out the fact that musical sounds in some instances may be considered a therapeutic agent.

"Electricity as a Therapeutic Agent" was presented by E. W. Longnecker, of Anderson, and this was followed by a very excellent paper by Dr. Frank B. Wynn, of Indianapolis, upon "Value of the X-Rays in the Treatment of Skin Diseases." His



observations had led him to conclude that in superficial carcinoma, tuberculous skin ulcerations, acne, and a few other sluggish skin eruptions, the X-Rays are of positive benefit. In the discussion Drs. C. B. Stemen, of Fort Wayne, and T. B. Noble, of Indianapolis, urged caution in the employment of the X-Rays as a therapeutic agent, and advised against being too optimistic regarding the beneficial effects to be secured in any case.

"The Diagnosis of Smallpox," by Dr. Chas. E. Ferguson, of Indianapolis, brought out an interesting discussion by Drs. Wishard and Thompson, of Indianapolis, Kemper and Cowing, of Muncie, and Stemen, of Fort Wayne.

Dr. L. C. Cline, of Indianapolis, presented a very practical paper on "The Etiology and Treatment of the Common Nasal Affections." The last paper presented was that of Dr. Joseph Morrow, of Indianapolis, the title being "Urethral Growths." Owing to the lateness of the hour this paper did not receive extended discussion.

The evening session at East Haven was exceedingly interesting from the fact that Dr. Hobart Amory Hare, of Philadelphia, delivered a most practical, entertaining and instructive address, in which it was shown that preventive medicine has saved more lives than surgery. In a very plain yet scholarly and instructive way Dr. Hare pointed out the fact that through the investigations and study carried on by medical men it had been discovered that malaria and yellow fever are carried by mosquitoes, and acting upon this theory, efforts to prevent individuals from being bitten by mosquitoes in infected communities had resulted in limiting the spread of the disease. It was pointed out that before the occupation of Cuba by Americans the city of Havana had never been free from yellow fever during a period of 200 years, but that following the occupation of Havana by American troops and the introduction of health regulations and sanitary laws, not only has the general health of the island been vastly improved, but the original research carried on by the medical department of the United States army has resulted in the discovery of the fact that yellow fever is transmitted by the mosquitoes, and the success of the authorities in limiting the number of mosquitoes, through the doing away of stagnant cess-pools and other breeding places for the mosquito, and the prevention of mosquito bites, has finally resulted in stamping out yellow fever from Havana, so that for the past year that city has been free from yellow fever for the first



time in 200 years. The very creditable work of our medical men in investigating the cause of cholera and bubonic plague, with knowledge of the means of transmission and methods to be employed for the suppression of the disease, was referred to as a work deserving of the highest praise and commendation, for the result has been the saving of countless lives.

In concluding the address Dr. Hare called attention to the fact that the medical profession is not composed of men who have only the function of treating individuals who may be ill and strain every nerve to benefit them, but that it is performing another service in preventive medicine for which it gets no reward except that of doing good to the people who, if taken ill, would bring return to its members.

The annual address by President J. B. Berteling, of South Bend, delivered at the evening session, was a very practical reminder of the duty the medical profession owes itself and the public by uniting its energies in organizations which shall not only work in a spirit of harmony for the betterment of conditions as they apply to medical men, but in the matter of serving the general public in the broad field of medicine, surgery and preventive medicine and sanitation. A plea was made for reorganization of the State Society along lines proposed by the American Medical Association, a suggestion which was later followed by the Society in adoption of a new constitution and by-laws.

On the second morning of the session the usual reports of the committees on legislation, pathology, inebriety, etc. were presented. On invitation by Dr. D. C. Peyton, of Jeffersonville, on behalf of the Marion County Medical Society, the Society voted to hold its next annual meeting at Indianapolis on Thursday and Friday, June 19th and 20th, 1904.

#### OFFICERS FOR 1903-1904.

President, Jonas Stewart, Anderson; Vice President, Charles A. White, Danville; Secretary, F. C. Heath, Indianapolis; Assistant Secretary, C. T. Hendershot, Cannelton; Treasurer, Albert E. Bulson, Jr., Fort Wayne.

Council—First District, W. R. Davidson, Evansville; Second District, George Knapp, Vincennes; Third District, C. T. Hendershot, Cannelton; Fourth District, George T. McCoy, Columbus; Fifth District, M. A. Boor, Terre Haute; Sixth District, J. C. Sexton, Rushville; Seventh District, W. N. Wishard, Indianapolis;



Eighth District, G. W. H. Kemper, Muncie; Ninth District, Paul J. Barcus, Crawfordsville; Tenth District, George F. Keiper, Lafayette; Eleventh District, Robert Hessler, Logansport; Twelfth District, Albert E. Bulson, Jr., Fort Wayne; Thirteenth District, C. A. Daugherty, South Bend.

Officers of the Council—President, W. N. Wishard, Indianapolis; Secretary, Albert E. Bulson, Jr., Fort Wayne.

#### COMMITTEES FOR 1903-1904.

*Arrangements*—F. B. Wynn, L. H. Dunning, G. D. Kahlo, S. P. Scherer, S. E. Earp, A. L. Wilson, all of Indianapolis.

*Scientific Work*—George J. Cook, Indianapolis; John B. Fattic, Anderson; F. C. Heath, Indianapolis, (ex-officio).

*Public Policy and Legislation*—W. N. Wishard, Indianapolis; Allen Pierson, Spencer; D. W. Stevenson, Richmond; Jonas Stewart, Anderson, (ex-officio); F. C. Heath, Indianapolis, (ex-officio).

*Necrology*—G. W. H. Kemper, Muncie.

*Editor Transactions*—A. W. Brayton; Indianapolis.

*Hygiene and State Medicine*—J. N. Hurty, Indianapolis.

*Pathology*—F. B. Wynn, Indianapolis; L. P. Drayer, Fort Wayne; Wm. Ch. White, Indianapolis; Ch. Trueblood, Anderson; R. H. Ritter, Indianapolis; Ch. Stoltz, South Bend; John M. Wampler, Richmond; H. A. Cowing, Muncie.

*Tuberculosis*—George F. Keiper, Lafayette; Theodore Potter, Indianapolis; L. P. Drayer, Fort Wayne; G. T. McCoy, Columbus; J. F. Barhill, Indianapolis; H. A. Cowing, Muncie; J. N. Hurty, Indianapolis.

*Inebriety*—W. J. Fairfield, Anderson; J. M. Moulder, Kokomo; A. E. Sterne, Indianapolis; H. J. Hall, Franklin; C. B. Stemen, Fort Wayne; B. Elizabeth Malone, Indianapolis.

*Members of House of Delegates of the American Medical Association*—Dr. Edwin Walker, Evansville; Dr. D. C. Peyton, Jeffersonville; Dr. W. N. Wishard, Indianapolis, and Dr. G. W. H. Kemper, Muncie.

#### NOTES OF THE MEETING.

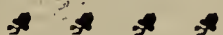
The First Presbyterian Church, in which the general sessions were held, was admirably adapted to the wants of the Association. The audience room was cool, well lighted, and easy of access by several doors from the street as well as from the chapel adjoining where were to be found the exhibits and the display made



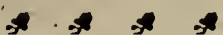
by the Committee on Pathology. The church was also within a block of the Westcott Hotel where most of the members found accommodations, and within a block of the room where the ladies of Richmond served refreshments to all those who preferred to take their meals on the European Plan.



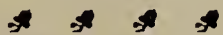
The Pathological Exhibit, in charge of Dr. F. B. Wynn, was up to the usual standard and any members who failed to see the large number of interesting specimens on exhibition missed one of the best and most instructive features of the meeting.



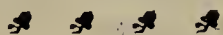
The committee of arrangements, consisting of Drs. Bond, Weist, Smith and Stevenson of Richmond, raised from the medical men and citizens of Richmond a fund of nearly \$1,500 which was expended in arranging for the comfort, convenience and pleasure of the visitors.



Richmond may be truthfully said to be one of the prettiest cities in Indiana and proved a revelation to many who had not previously visited there. With well paved streets, modern business blocks, good hotels, modern and in some instances palatial residences, beautiful parks and drives, good railroad accommodations, and above all else enterprising and hospitable citizens, the city was well adapted to the desires and requirements of the members of the Society as a meeting place.



Many members of the Society are indebted to Drs. Grant, Bond, Marvel, Smith, Stevenson, Weist, and others for entertainments at well appointed luncheons, dinners, etc.



One of the really pleasing features of the meeting was the Association's presentation of a handsome mahogany chair, and an invalid's rolling chair, to Dr. Jas. F. Hibbard, the father of the medical profession in Indiana, and one of the oldest and most respected members of the State Association. The presentation speech was gracefully made by Dr. C. A. Daugherty, of South Bend, ex-president of the Association. The Association also presented to Mrs. Hibbard a silver tea set, the presentation speech being made by Dr. Albert E. Bulson, Jr., of Fort Wayne, Treasurer of the Association.



*Whitley County Medical Society.*

On Tuesday, June 30, pursuant to a call by Dr. F. G. Grisier, of Columbia City, a large number of physicians of Whitley County met at Columbia City to meet Dr. Albert E. Bulson, Jr., Secretary of the Council of the Indiana State Medical Association, with a view to organizing a County Medical Society. Following remarks on organization by Dr. Bulson and the need of a society in Whitley County which will represent the medical profession and result in benefit to medical men of the county, both individually and collectively, the society proceeded to organize by electing the following officers: President, Dr. O. V. Scheu-man; Secretary, Dr. F. G. Grisier; Treasurer, Dr. W. F. King. These three were made a Board of Censors for the Society, and upon application about one dozen physicians of the county were admitted to membership at the first meeting and through the officers an application to the State Association was made for a charter. The Society held another meeting July 14, with a view to increasing the membership and otherwise stimulating interest in the new medical organization. The physicians of the county are to be congratulated upon having organized a society that is now in affiliation with the State Medical Association following a number of years of inactivity and lack of any medical organization of any kind whatsoever.

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*Northern Tri-State Medical Association.*

The Annual meeting of the Northern Tri-State Medical Association will be held in the M. E. Church at Montpelier, Ohio, on July 28, 1903. The officers of the Society are: President, Dr. W. F. Shumaker, Butler, Ind.; Secretary, Dr. J. R. Williams, White Pigeon, Mich.; Treasurer, Dr. A. G. Holbrook, Colwater, Mich. The following is the program for the meeting, and it is definitely announced that every paper on the program will be presented:

## FORENOON SESSION—10 A. M.

- 1 "The Comparative Value of Some Drugs." - Dr. W. H. Badwin, Quincy, Mich.  
Discussion opened by Dr. T. F. Wood, Angola, Ind.  
Followed by Dr. Jno. Bloomfield, Napoleon, Ohio.
- 2 "Injury to the Abdominal Viscera, without any visible lesion of the surface."  
Dr. H. A. Duemling, Fort Wayne, Ind.  
Discussion opened by Dr. J. W. Squires, Churubusco, Ind.  
Followed by Dr. John Long, Bryan, Ohio.



- 3 "Are there Specifics in Medicine." - - - Dr. J. B. Casebeer, Auburn, Ind.  
Discussion opened by Dr. D. G. Morland, Edgerton, Ohio.  
Followed by Dr. L. C. Backus, Fayette, Ohio.

AFTERNOON SESSION—1:30 P. M.

- 4 "Surgery of the Biliary Tract (cases)" - Dr. Hal C. Wyman, Detroit, Mich.  
Discussion opened by Dr. H. D. Wood, Angola, Ind.  
Followed by Dr. Chas. Fletcher, Kalamazoo, Mich.
- 5 "Causes of Death Following Gall Stone Operations."  
Dr. Miles F. Porter, Fort Wayne, Ind.  
Discussion opened by Dr. H. O. Walker, Detroit.  
Followed by Dr. Chas. N. Smith, Toledo, Ohio.
- 6 "Infant Feeding." - - - - - Dr. Wm. A. Dicky, Toledo, Ohio.  
Discussion opened by Dr. Budd VanSweringen, Fort Wayne, Ind.  
Followed by Dr. Clifford Fitzpatrick, Adrian, Mich.
- 7 "On the Border-line of Medicine and Surgery."  
Discussion opened by Dr. Victor C. Vaughan, Ann Arbor, Mich.  
Followed by Dr. C. B. Stemen, Fort Wayne, Ind.
- 8 "Some of the Prominent Physical Imperfections the Result of Neglected Surgical Treatment of Nose and Throat."  
Dr. A. E. Bulson, Jr., Fort Wayne, Ind.
- 9 "Why We Should not Wait for Groupe Symptoms before Undertaking Paracentesis and a Mastoid Operation; With Demonstrations of Anatomical Specimens." - - - - - Dr. Emil Amberg, Detroit, Mich.  
Discussion opened by Dr. A. E. Bulson, Sen., Jackson, Mich.  
Followed by Dr. Flemming Carrow, Ann Arbor, Mich.
- 10 "Diseases of the Abdomen." - - - Dr. Wm. J. Gillette, Toledo, Ohio.  
Discussion opened by Dr. J. A. Weitz, Montpelier, Ohio.  
Followed by Dr. James G. Lynds, Ann Arbor, Mich.
- 11 "Successful Treatment of Movable Kidney without Operation."  
Dr. C. D. Aaron, Detroit, Mich.  
Discussion opened by Dr. D. H. Wood, Coldwater, Mich.  
Followed by Dr. J. L. Gilbert, Kendallville, Ind.
- 12 "Gall Stones Complicating Appendicitis."  
Dr. Maurice Rosenthal, Fort Wayne, Ind.  
Discussion opened by Dr. Willis H. Gundrum, Toledo, Ohio.  
Followed by Dr. Chas. W. Frink, Elkhart, Ind.

EVENING SESSION—7:30 p. M.

- 13 "What Hydro Therapy will do for Intractable Cases."  
Discussion opened by A. P. Buchman, Fort Wayne, Ind.  
Followed by Dr. Willis W. Grube, Toledo, Ohio.
14. "A Fad of Degeneracy, or a Fad of the Degenerate."  
Dr. A. L. Snyder, Bryan, Ohio.



## NEWS NOTES and COMMENTS

### *Michigan State Medical Society.*

The annual meeting of the Michigan State Medical Society was held in Detroit, Mich., on Thursday and Friday, June 11th and 12th, under the presidency of Dr. A. E. Bulson, of Jackson, Mich. The Society has recently adopted the reorganization scheme proposed by the American Medical Association, and at the Detroit meeting a membership of nearly 2,000 was reported, or a gain of nearly 1,500 members during the year. The meeting was the most successful in the history of the Society.

### *Death of Dr. I. N. Love.*

The medical profession of the United States has met with a serious loss in the death of Dr. I. N. Love, of New York City, the genial and accomplished editor of *The Medical Mirror*, and a physician whose prominence in the medical profession has been recognized for a great many years. While returning from a European trip and about to land at the New York wharf, Dr. Love was stricken with apoplexy and died within a few minutes, on June 18.

### *Fort Wayne College of Medicine.*

The 25th annual announcement of the Fort Wayne College of Medicine for the session of 1903 and 1904 has just been issued. The session of 1903 and 1904 opens on Tuesday, Sept. 8, 1903, with an entrance examination at the college building on Superior street. The session will continue, with the usual holiday vacations, for seven months, ending on Tuesday, April 26, with the commencement exercises. The faculty consists of 34 Professors and Lecturers, all well known medical men of ability and prominence. The requirements of admission are those of the Association of American Medical Colleges of which the Fort Wayne College of Medicine is a member. Candidates for graduation must have completed a four years' course. Students are offered clinical advantages at St. Joseph and Hope hospitals, the hospital of the Indiana School for Feeble Minded Youth, and the various public institutions of the city. Graduates are offered positions



as internes or assistant physicians at the St. Joseph and Hope hospitals, and the Indiana School for Feeble Minded Youths, Fort Wayne, and the Soldiers' Home at Lafayette. Announcements or other information pertaining to the School may be obtained by addressing the Secretary of the faculty, Dr. Samuel H. Havice, 130 West Wayne St.

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***The Breast vs. the Bottle in Infant Feeding.***

While presenting a paper upon this subject before the Illinois State Medical Society. Dr. A. C. Cotton, of Chicago, pointed out the dangers of the acceptance of even the best known methods of artificial feeding. He said that infants were too frequently denied the breast for trivial and insufficient reasons, and in view of our knowledge of the morbidity and mortality of artificially fed infants, what right had physicians needlessly to expose any infant to such chances. He made a plea for the establishment of a bureau of information and supervision to facilitate the procuring of wet nurses when required.—*New York Medical Journal.*

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***Cystic Fibromyoma of the Uterus Weighing 87 Pounds.***

Dr. J. C. Webster, of Chicago, at a recent meeting of the Illinois State Medical Society reported the successful removal of a cystic fibromyoma of the uterus weighing eighty-seven pounds, from a patient forty-one years of age. The tumor was of ten years duration, and the measurements were, greatest girth of abdomen five feet; the lowermost portion of the pendulous abdomen eleven inches below the level of the anterior superior iliac spine. A panhysterectomy was performed followed by a normal recovery.—*Med. Rec.*

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***Personals.***

Drs. R. J. Morgan and S. S. Tuttle, of Van Wert, Ohio, were seriously injured in an automobile accident Wednesday, June 22. While on the road to Indianapolis to attend a meeting of railroad Surgeons the automobile in which the doctors were riding plunged over the stone abutments of a bridge into a ravine, in consequence of the absence of a bridge which the commissioners had removed with a view to erecting a new one. The accident in the night but could have been prevented had there been any lights or other signals put out to warn travelers of the danger. The escape from fatal injuries was rather remarkable. [Dr.]



Morgan sustained a triple fracture of one leg, a single fracture of the other leg, a dislocation of the shoulder, and numerous other bruises. Dr. Tuttle received a fracture of the skull, and numerous sprains and bruises. At last reports both doctors were doing as well as could be expected, and good recoveries are expected in both cases, though Dr. Morgan will probably be crippled for a good many months. Suits for damages have been entered against the county in which the accident occurred, and we sincerely hope that both doctors will receive handsome judgments, as we believe they are entitled to heavy damages.

Dr. C. B. Stemen, Fort Wayne, recently sued a well-to-do resident of Fort Wayne for the amount of his charges for an operation for appendicitis. The original bill for services was \$250, a price that was certainly reasonable in all particulars. Upon refusal of the patient to pay the bill as rendered the doctor entered suit for \$500, and the jury has recently rendered a verdict for \$150. The testimony showed that no arrangements had been made regarding the price and that the fees for operations of like character in the city of Fort Wayne had ranged from \$150 to \$1,000, depending upon the ability of the patient to pay. It was also shown that the case was one of unusual gravity and that an uneventful recovery took place as a result of the operation. Dr. Stemen has already made application for a new trial and says that he will exhaust every legal resource to effect a just settlement of the claim. The judgment as rendered does not appear to be reasonable or just, and is certainly a bad precedent in the face of the well recognized value of such services.

Dr. C. M. Clayton, of Warsaw, Ind., died very suddenly June 30 from apoplexy. Dr. Clayton has been actively engaged in the practice of medicine in Warsaw for 25 years, but during the last ten years has been a partial paralytic and suffered greatly from gastritis. He had, however, continued in active practice until the morning of his death.

Dr. Albert E. Bulson, Jr., Professor of Ophthalmology in the Fort Wayne College of Medicine, and managing editor of the *Fort Wayne Medical Journal Magazine*, was elected secretary of the Section on Ophthalmology of the American Medical Association. A good editor and a good journal and hence will make a doubly good secretary.—*Medical and Surgical Monitor for June.*



## MEDICAL REVIEWS

### Department of Medicine and Therapeutics

In Charge of George W. McCaskey, A. M., M. D.

Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

#### *Observations on Breast Feeding from an Obstetrician's Point of View.*

In the *Journal of the American Medical Association*, June 20, 1903, Davis says:

"It is often solely the idiosyncrasy of the child, not always the quantity or quality of the breast milk, which prevents successful breast feeding.

"The idiosyncrasy may be along the line of a dycrasia inherited from parents, subject to what is known as the uric acid diathesis.

"It is not fair to the infant to allow it to remain sick and in distress because of a paltry ounce or two which it manages to gain in the course of a week, just to have it breast fed.

"A careful study of the child should be made in all cases when the signs of indigestion appear shortly after birth. And when possible a milk analysis should be performed many times to clear away, if may be, some of the doubts which arise.

"In large cities, where municipal laboratories exist, the assistance of an expert chemist in the study of human breast milk would be of infinite value to the profession, desiring to lessen this one-tenth death rate of infants during their first month of life, and to the busy obstetrician who has no opportunity of becoming an analytical chemist."

#### *Achilles-Jerk and the Front-Tap.*

Walton and Paul in the *Journal of Nervous and Mental Diseases*, conclude as follows on this subject:

1. The Achilles-Jerk is practically as constant in health as the knee-jerk. This reflex varies less in health than the knee-jerk in excursion and activity, and is the most easily elicited and uniform of all tendon reflexes.

2. The Achilles-jerk disappears, as a rule, early in tabes dorsalis, and its absence is as diagnostic of that disease as is loss



of the knee-jerk. We have not seen a case far enough advanced to establish tabes with persistence of the Achilles-jerk, except one case in which both the knee-jerk and the Achilles-jerk were present on one side only. We have observed bilateral preservation of knee-jerk and loss of Achilles-jerk in two out of five cases of tabes.

3. Enfeeblement of knee-jerk in health on one side or both may be due to prior toxic influence as diphtheria. This may also be true of the Achilles-jerk, though in one case in which it could be demonstrated of the knee-jerk, the Achilles-jerk was normal. Further observations on this point are desirable.

4. The front-tap is present (generally on both sides) in about 40 per cent. of individuals in ordinary health; in some it is very active. It follows that its presence alone, even if active, does not establish disease, nor indicate excessive irritability of the nervous system.

5. In organic disease the front-tap is generally increased with the other reflexes in hypertonic, and diseased (generally wanting) in hypotonic states.

6. In the so-called functional disorders, hysteria, neurasthenia, and unclassified psychosea, we have found the front-tap present in 71 per cent. of cases. In epilepsy we have found it present in 75 per cent. of cases. The test may therefore here prove of aid in combination with other findings, though its mere presence or even activity is not of positive diagnostic value, nor does its absence negative the existence of neuropathic conditions.

7. Both these reflexes deserve to be placed upon the list of routine tests for purposes of diagnosis. This is particularly true of the Achilles reflex, which is of the greater positive diagnostic value.

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#### ***The Method of Treating Typhoid Fever.***

Benzoyl-Acetyl Peroxide, or Acetozone as an Intestinal Antiseptic, in Typhoid Fever.

Frederick G. Harris, of Chicago, *Therapeutic Gazette*, March, reports 128 cases of typhoid treated in Cook County Hospital, Chicago, with Acetozone. The cases first admitted seemed to indicate that the epidemic was of a mild form, but later the disease proved to be of a severe type and complications were numerous. The author obtained the most satisfactory results with aqueous solutions of 15 grains to the quart which the patients were urged



to use very freely to quench the thirst, while in addition four to six fluid-ounces of the solution were given every four hours as a therapeutic measure. The movements of the bowels were regulated with sodium phosphate or magnesium sulphate.

The temperatures of the patients, on admission, were high, as a rule. In 117 cases under Acetozone treatment the average duration of the fever was 18 days.

The number of recoveries was 117, or 91.4 per cent. while 11 patients died, a mortality of 8.59 per cent.; statistics of the cases of typhoid fever in the same hospital (Cook County,) not treated with Acetozone show a death rate of 13.1 per cent. The author is of the opinion that under the Acetozone treatment, in favorable cases, the duration of the disease was materially shortened, and the most disagreeable symptoms were ameliorated. He declares that the characteristic fetor of the stools and the peculiar odor of the wards was greatly diminished; there was less stupor and delirium and less tympanites, and, the usual diarrhea was checked. An average of 138.12 grains of Acetozone was used in each case. Finally he reaches the conclusion that when cases can be seen during the first week of the attack and large amounts of Acetozone given, assisted by a gentle laxative, the temperature will return to the normal in from ten to twelve days.

Four cases of typhoid fever, in which Acetozone was employed with satisfactory results, were reported by Charles Emil Black, of Baltimore, (*Medical Age*, January 25.) In each case the treatment consisted in the use of Acetozone in Solution. The first three patients, adults, received 30 grains of the drug per diem; the fourth, a child of four years, received 8 grains each 24 hours. Prompt recovery occurred in each case.

James Billingslea, of Baltimore, (*Atlanta Journal-Record of Medicine*, February, 1903,) reported 25 cases of typhoid fever treated with Acetozone. The treatment consisted in cleaning the bowels thoroughly by means of calomel. Liquid diet was prescribed and cold or sponge baths were used as occasion required. The special treatment consisted in shaking 15 or 20 grains of Acetozone powder with one quart of water, allowing the insoluble residue to subside. The patient was given the clear solution to drink freely, the whole amount of one quart being taken during twenty-four hours. The writer suggests that one part of the Acetozone solution may be mixed with three parts of milk if



thought desirable. The action of Acetozone will be materially aided by the use of a mild saline laxative.

He found that the feces soon lost their disagreeable odor by this treatment, and cold baths were required to a much less extent than with other treatment. Furthermore, the nurses universally affirmed that they found patients under this treatment easier to care for. No evil effects were noted from the use of Acetozone.

A further contribution to this subject appears from the pen of J. J. Driscoll, of Chicago, (*The Kansis City Medical Index-Lancet*, January, 1903,) who relates his experience in six cases. He found that Acetozone reduces the temperature, shortens the duration of the disease materially, while it does not seem to have any ill effects on the heart. The feces are completely disodorized in 36 to 48 hours and tympanites readily disappears.

### ***Roof Garden for Consumptives.***

The director of the Philadelphia Hospital, Mr. Martin, has planned a roof garden for consumptives which will be fitted up with beds where patients may in summer spend the nine hours, usually spent in rooms, in inhaling the pure air. Dr. Martin proposes to make this roof garden attractive with flowers and shrubs, so that it may gratify the patient's aesthetic sense.—*N. Y. Med. Jour.*

### ***A "Doctor's Sign."***

The following sign of a "quack doctor" appears in Chattanooga, Tennessee:

Dr. C.—H.—

Faith Healer.

Drink 3 glasses of water, wash my hands.

Blow my breath on him and heal him.

Cures spells and drives out bad spirits.

Diseases of all kind, male or female

Cured and will tell you the cause of sickness.

Coal and wood

Lunches of all kinds

Sold.

and Confectionary.

There are, we are sorry to say, ill-natured persons who speak of the surgeon as "the butcher." Surely this gentlemen keeps a veritable "delicatessen" of medicine.—*N. Y. Med. Jour.*



## DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.  
Professor of Surgery and Gynaecology in the Fort Wayne College of Medicine,

### *An Operation for Paronychia, or Runaround.*

Sinclair Tousey describes this operation, which consists in separating the attachment of the cuticle to the dorsal or exposed surface of the nail to a sufficient extent to permit the escape of the pus and the introduction of a stick of nitrate of silver to disinfect the surplus. There is not a drop of blood drawn and a rapid cure may be expected, most cases being entirely well in three days. Incision into the flesh is always radically wrong.—*Med. News, Med. Rec.*

### *To Keep Off Mosquitoes.*

To keep off mosquitoes, the advice of one who has tried it (according to *Health*) is to throw a piece of alum, about the size of a marble, into a bowl of water, and wet the face and hands and any exposed parts lightly with it. Not a mosquito, it is asserted, will approach you.—*Med. Times.*

### *Sciatic Neuralgia and Carbolic Acid.*

After all other methods of treatment had been used without success, Ciaffi (II Policlinico, December 6, 1902,) resorted to daily injections of carbolic acid dissolved in alcohol, distilled water and glycerine, alternately upon the right and left side, in the course of the sciatic nerve; with the result that, which is hoped to be, a permanent cure was affected.—*West. Med. Review.*

### *Extensive Pyometra in a Puerperal Uterus Bicornus.*

Dr. Emil Senger (*Berliner klinische Wochenschrift*) reports a case of a woman who had intermittent fever beginning three weeks after labor. An examination showed a huge, elastic tumor to the left of the uterus, which, on puncture, was found to be filled with foul pus. A laparotomy showed the tumor to be intraperitoneal. About six quarts of pus were evacuated and the organ was then found to be the left side of a bicorned uterus.



Two weeks later the offending half was removed by the abdominal route. It was found to be entirely closed, the pregnancy having taken place in the right horn of the uterus. The cause of the suppuration is doubtful, although the author speculates upon its possibilities.—*New Albany Med. Herald.*

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#### ***Tracheotomy in Parturition.***

Stown (*New York Medical Journal*) lately resorted to tracheotomy in a delayed extraction of the after-coming head in a breach presentation. He made the opening above the isthmus of the thyroid gland, the perineum being retracted and the child's body pulled forcibly up over the mother's abdomen. After the incision had been made, air was blown into the trachea with an insufflator alternately with compression of the thorax. When spontaneous respiration had been established, the head was extracted with the forceps and at first the breathing was exclusively through the incision, but in five hours the wound had closed.—A. D. WILKINSON, Lincoln, *West. Med. Review.*

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#### ***The Treatment of Surgical Shock by Adrenalin.***

Dr. E. Martin, in a paper read before the American Surgical Association, says that in adrenalin we possess the most powerful cardiac and respiratory stimulant known. It is almost harmless, the lethal doses being probably much more than one hundred times as great as the dose ordinarily used today. In using it on patients who are septic it should not be forgotten that it depresses the bactericidal power of the serum. In the laboratory Dr. Martin has been able to bring back to life dogs killed with ether after they were to all appearance dead for fifteen minutes, and clinically he has been able to, by the introduction of from 1 to 4 c. c. of adrenalin directly into venous circulation, in a 1 to 10,000 solution, to rescue at least one desperate case from impending death.—*New York Medical Journal.*

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#### ***Rockefeller Endowment Secured for Rush Medical College.***

The trustees of Rush Medical College, Chicago, have succeeded in raising a fund of \$1,000,000 which will be tendered to the trustees of the University of Chicago, thus assuring the gift of \$6,000,000 promised by J. D. Rockefeller for the medical department of the University for the construction in Chicago of the most magnificent medical institution in the world.



## DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.

Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort  
Wayne College of Medicine.

### *Hyoscine in the Treatment of Morphinism.*

I. D. Crothers, *Therapeutic Gazette*, June 15, 1903, places the ban of his disapproval upon the use of hyoscine in the treatment of the morphine and alcohol habit. He cites instances where such use was attended by sudden death, and dementia or other form of insanity attributable to the drug.

### *Erythroploeum.*

Wilcox, *Am. Med.* June 27, 1903, describes this as the bark of a tree which comes from Africa, one of the *Leguminosae*. It is also known as the gidu, mansona, doom, ardeal, casca, saucy and sassy bark. It contains an alkaloid, erythroplein, soluble in water and alcohol. The only preparation of the bark is the 10 per cent. tincture adopted by the British Pharmaceutical Conference, of which the dose is 5 to 10 minims.

It is a muscle poison, acting upon the heart earlier because it receives a larger quantity of poisoned blood. Upon the vagus its action resembles digitalis. It is a vaso-constrictor by acting on the vessels themselves, the vasomotor nerves, or on some vasomotor center not contained in the medulla but probably in or around the vessels themselves. The respiration is influenced through the pulmonary branches of the vagus. It is sternutatory because the powdered bark is an irritant to the nasal mucous membrane, causes vomiting by reason of its solutions possessing the same property, and is diuretic for the same reason and under the same conditions as is digitalis.

The indications for the use of the remedy are a rapid, low tension pulse with venous congestion. As compared with digitalis it is decidedly more active in slowing the pulse; it also irritates the stomach more and therefore is more likely to cause vomiting and possesses a more disagreeable taste. As a vaso-constrictor it has greater effect than digitalis; in fact as great as digitalis and ergot combined. It is less cumulative than digitalis.



It seems to act rather upon the inhibitory than on the muscular system. As to constancy of effect on slowing the heart, strengthening the pulse, and promoting diuresis, digitalis is rather more reliable. The use of this remedy thus should be confined to those cases of fairly competent heart with low vascular tension and to those cases in which digitalis has lost its usefulness or has utterly failed.

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#### ***Tetanus Prophylaxis in Suspected Wounds.***

Joseph McFarland, *Four. A. M. A.* July 4, 1903, reports some experiments upon guinea-pigs which show that if dried tetanus antitoxin be mixed with an antiseptic powder and used as a dressing on wounds infected with the tetanus bacillus, tetanus will not develop.

He claims that this method possesses decided advantages over the treatment of actual tetanus by the serum and that it should be used on all suspicious wounds. Professor Calmette had been working along the same lines and had come to the same conclusions.

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#### ***The Seating of School Children According to Vision.***

*The Medical Age* thus briefly but aptly calls attention to this very much overlooked cause of defection in the eyesight of school children as well as of unsuspected but serious ill health.

One of the most important subjects in regard to school hygiene is that of the proper seating capacity of school children according to their ability to see. This, unfortunately, has not received the attention in this country that it deserves, and in consequence we are constantly called upon to attend children suffering from nervous and other troubles, the origin of which is undoubtedly eye strain. A systematic examination of the eyes of school children at certain intervals would be of great benefit to those suffering from defective vision. This, combined with care by teachers in allowing near-sighted pupils seats near the blackboards and windows, would be the means of keeping in school many children who otherwise have to drop out on account of poor health.—*Bulletin, Indiana State Board of Health.*



## DEPARTMENT OF OPHTHALMOLOGY OTOLOGY, LARYNGOLOGY & RHINOLOGY

In Charge of Albert E. Bulson, Jr., B. S., M. D.

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

### *Argyrol in Ocular Therapeutics.*

Darier, of Paris, in the May *La Clinique Ophthalmologique* reports his experience with the new silver salt known as argyrol. While he considers argentamine better than silver nitrate, and protargol better than argentamine, he is forced to admit that argyrol is best of all. Its application is practically painless and yields better and quicker results than we have yet been able to obtain with any other silver salt. In dacryocystitis an injection of 2, 5 or 10 per cent. solution does not cause the slightest discomfort or pain, and within several days the secretion, whether mucous or purulent, usually dries up. The injections, however, ought to be continued during several days, then little by little applied at greater intervals in order to avoid the frequent relapses in this obstinate affection. In cases of blenorrhea and catarrhal conjunctivitis of recent date, Darier has been able to bring about their amelioration or a complete cure by simple instillations of 20 per cent. solution, or with an ointment containing 25 per cent. of argyrol. These painless instillations can be repeated as frequently as desired. In cases of ophthalmia neonatorum a very rapid cessation of the purulent secretion by simple instillations of a 25 per cent. solution, repeated every hour, has been secured. Darier says that in these cases the cure was established with a rapidity which he has never yet obtained with any other remedy. As to prophylaxie of ophthalmia neonatorum, argyrol has already acquired a permanent hold in the maternity hospitals; a 5 to 20 per cent. solution be employed for this purpose.

(An experience of some months in the use of argyrol in the treatment of various inflammatory diseases of the eye warrants us in sustaining the views expressed by Darier. In chronic conjunctivitis, whether trachomatous or not, even in the presence of a corneal ulceration as a complication, applications of a 25 to 50 per cent. solution of argyrol will be found very successful treatment, and



there need be no hesitation in giving the patient a 20 to 25 per cent. solution of argyrol for regular instillation in the eye as home treatment for the various forms of conjunctivitis either chronic or acute. Generally speaking, the 50 per cent. solution should be reserved for semi-acute or chronic cases, accompanied with marked congestion and thickening, and a 15 to 25 per cent. solution for acute cases. For purulent conjunctivitis we have seen more rapid and marked beneficial results from the use of a 50 per cent. solution. From the fact that these solutions cause so little pain or irritation, and are so penetrating and effective, it is more than probable that argyrol will take precedence over any of the other silver salts.—EDITOR.)

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***A Consideration of the Operative Methods for the  
Cure of Astigmatism.***

Dr. A. E. Davis, in the *N. Y. Medical Journal* of May 6th, says that the published reports of the cure of astigmatism by operative methods calls for careful consideration with a view to preventing what might be serious results following an adoption of the methods mentioned. While several operators have reported that a considerable amount of astigmatism has been corrected by tenotomy of some of the extrinsic muscles of the eye, as an incidental effect, yet tenotomy of the muscles solely and alone for the relief of astigmatism is not warranted on any rational basis. Attention is also called to the fact that it is important to determine just which recti muscles are responsible for the pressure upon which may depend the astigmatism. A series of tenotomies, any one or all of which might result in great harm, by producing lack of balance, might, therefore, be necessary in order to correct the astigmatism for which operations were undertaken. The varying and frequently unsatisfactory results secured from corneal sections, or the use of the galvano cautery, is also mentioned only to be condemned as unjustifiable except for the most extreme cases of astigmatism, as in keratoconus, where the condition of the patient cannot be rendered much worse whatever is undertaken. Dr. Davis says that tenotomy of the recti muscles primarily for the cure of astigmatism should never be undertaken. The hundreds, even thousands of times it has been done in strabismus cases without effect on the amount of astigmatism (usually present in such cases), shows the operation to be wholly unreliable in this respect. In conclusion Dr. Davis says that surgical procedures, with the danger accompanying them, can never be justifiable in the treatment of strabismus when glasses can be worn with any degree of comfort.



# Fort Wayne Medical Journal-Magazine

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## EDITORIALS

### *The Usefulness of Drugs.*

Many practitioners expect entirely too much from drugs and there are others who refuse to recognize the value accruing from the intelligent use of remedies tending to effect a modification of pathological processes or the alleviation of symptoms.

In a discussion on the comparative value of drugs and the question of specifics in medicine, before the Northern Tri-State Medical Society, July 28, there were various degrees of belief in drugs exhibited by the different discussants. Some advanced no reasons for their use of remedies for various diseases, their advocacy being the result of their experiences or opinions formed in a haphazard sort of a way and not the result of careful study of the physiological action of the remedy administered and the adaptation of this action to the pathological process present. Some men used quinine very largely in their practices, advocating it especially in pneumonia and typhoid fever, while others did not use it at all save for malarial diseases. It was advocated by



some for its antipyretic effect, for its reputed tendency to prevent suppuration, for all beginning inflammations, for its tonic effect, and on general principles it was given pending a diagnosis. The same variety of opinions were expressed concerning other drugs.

It seems to the writer that there should be more unanimity of opinion among physicians as to the usefulness of drugs. What is needed is a better knowledge of the natural cause of the different diseases. In all of the acute specific diseases, as pneumonia and typhoid, we have no *drug* which will shorten the process, and it seems worse than useless to continue the exhibition of remedies for any other purpose than palliation and the promotion of the patient's comfort. That patient will be saved much useless drugging whose physician has a clear conception of the pathology of the ailment and the limitations of his medicines. B. Van S.

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#### ***Reorganization of Medical Societies.***

The Indiana State Medical Association, at the Richmond meeting, adopted the "reorganization scheme" proposed by the American Medical Association for adoption by state medical societies, and with it a new constitution and by-laws. It also approved and recommended for adoption a new constitution and by-laws for all county medical societies in Indiana. The plan, in all its details, was very carefully worked out by a large and representative committee of the American Medical Association, and its adoption by the various state and county organizations will result not only in uniformity of plan of organization, necessary in establishing a standard of eligibility for membership, but will make it possible to increase the membership in medical societies as a result of the work done by officers whose duty it shall be to further the work of organization as provided by the new constitution.

Under the new order the Indiana State Medical Association conducts its affairs through the House of Delegates, composed of one member from each county society, but the executive work is done by the Council, a branch of the House of Delegates, composed of one representative for each congressional district of the state. The Council, as at present constituted, consists of thirteen representative medical men whose duty it is to act as a board of censors for the association and have charge of the business affairs of the association. Individually each Councilor is organizer, peace-maker and censor for his district. It is his duty to visit the counties in his district at least once a year for the purpose of organizing societies where none exist; for inquiring into the condi-



tion of the profession, and for improving and increasing the zeal of the county societies and their members.

Already the work done by the Councilors in their several districts has resulted in a notable increase in the number of county societies through organization of societies in counties where previously no societies existed, and an increase in membership in established societies.

Without exception all county societies that have considered the matter have adopted the new constitution recommended for adoption by the state association, and before the next annual meeting of the state association it is safe to say that not a county in Indiana will be without a medical organization, or operating under any other than the new constitution. This will mean an effective organization of the medical profession of the state, and an attending advancement of the interests of the medical profession through broadening of the influence and advantages due medical men.

While the Councilors are taking the initiative in this work of reorganization it must be remembered that the best results will be secured from hearty cooperation on the part of all progressive medical men. Every county society should not only promptly adopt the new constitution because it is adapted to the present requirements of every county society, but because it creates uniformity in the plan of operation of all county societies in Indiana as well as other states that have adopted the same constitution. Aside from this the members of the county societies should assist the Councilors in an effort to promote the scientific and social interests which have for their object the improvement of the professional standing of medical men and the creation of harmony in the profession. This will require not only regular attendance at society meetings, but an active part in contributing to the programs offered for the entertainment and profit of the members. A medical society that regularly holds a meeting and as regularly offers a scientific program, no matter how few may be present to take part in the program, is bound to eventually increase its membership and the value of work performed.

No man, irrespective of the amount of work he is doing, can afford to remain out of the medical society in his county. He needs the society and the society needs him, and his active work in the society means a broadening of the influence and sphere of usefulness of both. Too many medical men are now in a rut for want of the influence and advantages afforded by contact with other medical men in medical societies, and it is to reach such a class of men and to stimulate active members of medical societies to increased effort, that the organization scheme has been proposed by the American Medical Association. The movement is in the right direction and should receive the encouragement and support of all physicians who have their own interests as well as the interests of the medical profession at large in view. A. E. B.



## ORIGINAL ARTICLES

No paper published or to be published elsewhere as original  
will be accepted in this department.

### *The Welfare of Coming Generations.\**

BY

H. V. SWERINGEN, A. M., M. D.,  
Fort Wayne, Ind.

It was Dr. O. W. Holmes, if I remember correctly, who said that the proper way to train a child is to begin a hundred years before its birth. That there is much truth and wisdom in this unique utterance has long been apparent to the observing physician who feels its force increase as time passes.

If the child has any inherent, natural, inalienable, God-given right which universal man is bound to respect, it is the right to be well born.

That millions of children are not thus born, a tour of observation through our own State institution, containing nearly a thousand of them, which is about one-sixth of the number throughout the state requiring institutional care, to say nothing of the children of larger growth filling our insane asylums, hospitals, penitentiaries and reformatories, will abundantly prove.

If as much attention had been paid in the last century to the raising of proper samples of the genus homo as was given to the cultivation of some of our hooved quadrupeds, the line of demarcation between health and disease, sanity and insanity, among us would be more clearly defined; at present that line is far more difficult of recognition than the one marking the juxtaposition of the mucous and serous membranes at the fimbriated extremities of the Fallopian tubes.

F. M. Y. are the initials of a class of humanity that is by no means decreasing in size, and certainly calls for some kind of prophylactic experimentation, legislative or otherwise. I have often thought, while in charge of our State institution in this city, what a blessing it would be if the lower grades therein could die; what a blessing it would be to themselves, their parents, their friends and the State. This may seem a cruel thought, but if I had a

\*Read before the Allen County Medical Society June 9th, 1903.



child included among them, its speedy exit from its unfit tabernacle of clay would mark an event of the greatest satisfaction and relief to me.

As there is no nook or corner in our solar system upon which its great center does not shine, so is there no human being, however low in the scale of humanity, in which the image of the Creator is not reflected; but when its mentality is, by reason of physical abnormality, completely hindered of intelligent expression, the sooner it is lost in the great shuffle of life, or succumbs in obedience to the law of the "survival of the fittest," the better.

The current of electricity that is generated in the power station is supplied alike to the electric car of which the gearing is perfect, and to the one of which the mechanism is disordered. In the former the presence of the mysterious agent finds intelligent expression, and the car moves. In the latter there is no manifestation of its presence, and the car is at a standstill. And thus the driveling idiot, owing to a deformed pathological brain, is not able to generate or reflect the least particle of consciousness any more than a black cloud will permit to pass through it the rays of the sun. There are children in our institutions who are utterly unconscious of their existence and will probably never know that they ever inhabited their present bodies until so informed after sufficient mental evolution in the land beyond the cloud-rift.

There is another unique utterance, current in humorous story, with which you are no doubt familiar, and of which I am now reminded. It is not as elegant and refined as that of Dr. Holmes, but just as forceful and suggestive. It is that the modern fashionable American family consists of the husband, wife, a pug dog and a syringe.

That the birth rate is decreasing in that class of people whose progeny would promise much from mental and physical health, has been for some years an observation among physicians. There has been quite a reduction of the number which formed the family circle two centuries ago. John Wesley, the father of Methodism, was one of nineteen children. The fact of the marked decrease in the birth rate has lately gained public recognition. France is now offering premiums for large families. Our own President Roosevelt recently deplored our diminishing birth rate, and declares we are committing "National Suicide". He declared further that "There is no physical trouble among us Americans. The trouble is one of character, and, therefore, we can conquer it."



Just where Mr. Roosevelt obtained his data from which he concludes that "There is no physical trouble among us Americans" I can not determine. He probably judges the masses of Americans by his own splendid physique, which is the result of a manner of life accorded only to the few, and of the fact that while so situated that it was improbable he should ever suffer for the necessities of life, he has made the acquisition of excessive wealth a matter of much less importance than the acquisition and maintenance of vigorous health and the consequent enjoyment of life.

But if Mr. Roosevelt, instead of touring the Yosemite, had visited the hospitals, asylums, sanitarium, health resorts, prisons, reformatories, tenement house districts and poor houses throughout the country over which he presides, he probably would take back his statement that "there is no physical trouble among us Americans," or very much modify it. It is not unlikely that he would conclude that we are a nation of dyspeptics, neurotics, neurasthenics, consumptives, rheumatics, syphilitics, albuminurics, victims of the "get rich quick" craze, the "strenuous life" and of the unequal "struggle for existence." Rev. Dr. Hillis does not seem to think that "there is no physical trouble among us Americans," for in a sermon a few days ago, in describing the pampered sons and daughters raised in idleness and luxury, he said they were "rotten before they were ripe" and in many cases the boys were "sinful before they were bearded." I can personally testify to the truth of this latter statement especially, for I have treated mere boys, beardless boys of 16, 17 and 18 years of age, for venereal disease.

Mr. Roosevelt would probably discover in such a tour of observation, that many young men do not marry because of dreaded inability to comfortably maintain wives and families, and that many young married women, in order to save the expenses incident to the raising of children, resort to practices for prevention of conception and the production of abortion which finally result in the necessity for laparotomies and their partial or complete unsexing thereby. Many of these laparotomies are made necessary by reason of venereal disease innocently contracted of course, but from husbands who run the risks of infection rather than those of impregnation. To the ubiquitous gonococcus are our laparotomists indebted for a large share of their business. It seems, that in proportion as our birth-rate decreases, our laparotomies increase in number.



And it is not only the young married women in straightened domestic circumstances who resort to practices in violation of the laws of health as well as of that scriptural command to "increase, multiply and replenish the earth." It is not now the fashion among ladies of leisure and society to have any babies, now termed "brats" and "kids," at all, or to suckle them if perchance motherhood should become an accident. It is then that the wet nurse or bottles of formaldehyd milk are brought into requisition. To these "ladies of the period," the mere thought of the large number of "brats" or "kids" to whom their mothers had given birth, is awfully disgusting. They do not stop to reflect however, that their mothers with all their "brats" or "kids" enjoyed better health, had a thousand fold more endurance, did equally as much more manual labor, and took far more pleasure in life than do their daughters of to-day.

How many of our mothers were subjected to the operation of laparotomy? I know of one at least, who lived to be 85 years of age, had given birth to eleven children, who never even had an aching tooth or one decayed or extracted, and never required but one surgical operation and that was for the removal of senile cataract. Our mothers believed in and obeyed the unwritten but implied injunction: Suffer little children to come to full time and abort them not, for such is the kingdom of humanity's recruits.

The womb is rapidly becoming the least important and at the same time the most pestered organ in the female economy. When the State Society met in this city, a professional brother from Goshen, in discussing some paper read, remarked that he would rather be a moonshiner in Kentucky than a uterus in New York.

The decorated prayer often seen in frame and hung upon the wall of the family dwelling: "God bless our home," should be amended to read: "God bless our home with healthy little children and the means for their physical and mental culture."

I have referred to the Rev. Dr. Hillis' statement that many "boys were rotten before they were bearded." As physicians we can go him one better and assert that many children are rotten before they are born. As proof of this fact and at the same time an illustration of what medical treatment can do for the unborn, I cite the following from my own experience. I remember of beginning such treatment not as far back as one hundred years before birth, but antedating it at least five months. The mother



had contracted syphilis from her husband soon after her marriage, and never knew the character of her ailment until after the death of her husband from syphilis of the cord, when I frankly informed her. Her first visit to me accompanied by her husband, then in apparent health, was for the purpose of consulting me in regard to her throat. After its examination I called the husband into an adjoining room and informed him of the character of his wife's throat trouble, and inquired of him when he contracted the disease. He acknowledged promptly that he had had the malady but was pronounced cured by his physician before his marriage. I also learned that they had been married seven years and that his wife had had six abortions at about the middle of the period of gestation and that she was now nearing that period in her seventh pregnancy and was fearful of the same accident in this. I placed her upon the most positive treatment and continued it every day throughout the latter half of her pregnancy and to full term when she was delivered of a very respectable looking baby girl, who now lives in an adjacent town and expects in about four months to become a mother herself. She called to see me a few days ago with her mother, at whose request and in accordance with my best judgment, she too will again take treatment until the birth of her child at least.

But far better have no children at all than that class now filling up our state institutions for their care. President Roosevelt in deploring the decrease of our birth-rate should have also deplored its increase among this class of children and suggested some practicable method of getting at the root of the evil. If he is waiting for the medical profession to suggest the remedy, as an humble member thereof, I beg leave to advocate upon my own responsibility, the absolute unsexing of every man and woman unquestionably unfit for marriage or reproduction, and a proper settlement of the question of capital and labor.

Are we as a nation so perfect physically, as President Roosevelt would have us believe, with 132,225 physicians and millions of dollars spent yearly in patent medicines? "No physical trouble among us?" In the great cities are we not losing rather than gaining in health? While public sanitation has almost banished cholera, smallpox and similar dirt diseases, there is an alarming growth of Bright's disease, diabetes, consumption, liver and heart affections, dipsomania, insanity, feeble minded youth and laparotomies.



To some extent this increase is due to personal indulgence; it is as the president says, a matter of character. But much of it is due to other causes. Our cities are so crowded that their people have not room to be healthy. They are so herded together in factories and mines and workshops that sunshine and air never reach them. They are so constantly driven by the cry of their children for the necessities of life that brain and nerve give way in the struggle.

On the west side of New York, between Tenth and Eleventh avenues, there is one single block in which nearly 6,000 people live. What are their chances for health? In the same city there are 26,000 tenements in which rooms are absolutely dark. Is it any wonder that germs live and flourish, while people sicken and die in those sunless tenements?

There are 20,000 breaker boys working in the mines of Pennsylvania alone and growing up to a miserable, stunted, dwarfed manhood. Is "there no physical trouble" among them?

There are 30,000 little ones in the Southern cotton mills, babies, some of them but five years old. They are twisted and bent and maimed, and the light of their minds flickers dimly. Surely there is physical trouble among them.

And all of these children who are toiling and living and dying in shacks and shanties in the coal fields and the factory towns, and in gloomy tenements in the cities, were born weak, because their parents, too, had slaved and starved until they had no stamina left to impart to their children.

We who are enjoying, to some extent at least, the comforts of life, fail to realize and appreciate the condition of thousands of our less fortunate brethren. Are not the same conditions obtaining in this country which obtained in France prior to the Revolution?

Would President Roosevelt regret to see this floodtide of child misery show symptoms of a check in the birth rate among them? Is it to be regretted that the parents of such children are stopping to think (if such be the case) before handing down more heritage of such weakness? Can we consistently deplore the fact that there is growing up in the conscience of men and women a conviction that the child has a right to be well born; that he has a right to a sound, strong body, and a fair chance in the world; and that if he cannot have these rights he has the right to be left in the painless shadows of the unknown?



Does President Roosevelt desire an increase of our population regardless of the kind of people produced? Is not the quality of our population of far more importance than its quantity? Are we producing any more Shakespeares, Emersons, Lincolns, Humboldts, Darwins and similar men?

But President Roosevelt may be pardoned for thus defending the physical condition of the National family of which he is the head. National pride is as natural as family pride. We are all more or less disposed to boast of our ancestry. You may have noticed that I did a little such boasting in the remarks which have preceded. It is very seldom that patients in consulting us will acknowledge the existence of any bad blood in their families even when they have reason to believe that we possess evidence to the contrary. How often do we hear them say that they may cut and bruise and slash themselves in any manner and the wounds thereof will immediately heal, little knowing that the stump of an amputated cancerous limb or breast will do the same.

“Of all the notable things on earth,  
The queerest one is pride of birth  
Among our ‘fierce democracy’!  
A bridge across a hundred years,  
Without a prop to save it from sneers,  
Not even a couple of rotten *peers*,—  
A thing for laughter, fleers and jeers,  
Is American Aristocracy!

“English and Irish, French and Spanish,  
Germans, Italians, Dutch and Danish,  
Crossing their veins until they vanish  
In one conglomeration!  
So subtle a tangle of blood, indeed,  
No Heraldry Harvey will ever succeed  
In finding the circulation.

“Depend upon it, my snobbish friend,  
Your family thread you can’t ascend,  
Without good reason to apprehend  
You may find it *waxed*, at the farther end  
By some plebian vocation!  
Or, worse that, your boasted line  
May end in a loop of stronger twine  
That plagued some worthy relation.”

The fact of the matter is that there are very few if any people absolutely perfect physically and mentally. Our “Blue Bloods” and “F. F. V.’s” are such only in name and flimsy pretense. We are all tarred with the same stick, and are indebted to some very remote ancestors for a part at least of our present physical weakness.



Job had syphilis no doubt, for in enumerating his symptoms he gives us the clinical picture of the disease as we recognize it today; and can it be possible that Solomon and David escaped in the absence of antiseptic precautions?

But so strong is my confidence in the *Vis Medicatrix Naturae*, the inherent force and power in nature to resist and throw off disease, to repair, build and reconstruct, to evolve toward physical perfection, that, eliminate as far as possible all the known and preventible causes of disease, and two hundred years hence, the human family would present a very different and more striking picture than it does today.

It is evident then, that I plead though feebly, for the children born and unborn; for environments that will make them happy in youth and old age. I plead for more old-fashioned mothers who will not look upon motherhood as a disgrace; whose children become great and a blessing to their race. I plead for more of such mothers whose children through life can ever and anon think of them in the spirit, sentiment and pathos of those beautiful and familiar lines:

“Backward, turn backward, O Time, in your flight  
Make me a child again, just for to-night!  
Mother, come back from the echoless shore,  
Take me again to your heart as of yore;  
Kiss from my forehead the furrows of care,  
Smooth the few silver threads out of my hair;  
Over my slumbers your silent watch keep—  
Rock me to sleep, mother—rock me to sleep.”

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### **HYPERCHLORHYDRIA:**

#### ***Abstract of Symposium with Comments.***

BY

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We are said, with some show of truth, to be a nation of dyspeptics, the symptoms of disturbance of stomach digestion being referred to as the great American disease. The number of cases of stomach disorder of one sort or another that pass through the hands of all kinds of clinicians from the family adviser to the specialist is tremendous. There is, perhaps, no large class of diseases which will yield prompter or more satisfactory results when subjected to an intelligent and rational treatment. But in-



telligent and rational treatment here as everywhere presupposes a correct diagnosis. It is because of a defective diagnosis that such a very large proportion of the slighter gastric ailments progress unfavorably, passing from bad to worse until they take rank among the severer cases of stomach diseases which perhaps can only be cured, if at all, by the specialist.

The function of stomach digestion is both mechanical and chemical. In its chemical aspects it requires a certain average percentage of various constituents which go to make up what is known as the gastric juice. One of the most essential requisites is a certain amount of hydrochloric acid. When the gastric juice is freshly secreted in the functioning of the stomach, a certain amount of this acid combines with the proteid elements of the food until the latter has become saturated by the formation of a loose chemical compound. Until this saturation point has been reached, free hydrochloric acid cannot exist in the stomach contents and the mass of food is not in the most favorable condition for the so-called catalytic action of digestive ferments. In healthy stomachs under ordinary conditions enough free hydrochloric acid is furnished to saturate the food elements as above indicated and produces excess which varies within narrow limits and apparently with different observers in different countries. From about 1-10 to 2-10 of one per cent. appears to be the normal range according to my own observation.

The secretion of free hydrochloric acid appears to be directly within the domination and control of the nervous system and in certain conditions of the nerve supply the amount of hydrochloric acid may become very greatly in excess or greatly below the limit of what it should be without any local diseased condition existing. These two conditions—the increase and the diminution of free hydrochloric acid—constitute two definite and well defined clinical entities known respectively as hyperchlorhydria and hypochlorhydria. A diminished amount of free hydrochloric acid is the usual accompaniment of most serious organic diseases of the stomach, including the majority of all cases of chronic gastritis and its symptomatology as a special condition is not distinct. In fact the associated phenomena are simply those of weak digestion. With hyperchlorhydria, however, the case is different, and there are certain fairly well defined and very distressing symptoms very commonly met with in practice, frequently unrecognized, and produced by an excess of free hydrochloric acid in the gastric juice.



The original department of the June issue of the *International Medical Magazine* is made up entirely of a symposium upon the subject of hyperchlorhydria by clinicians engaged largely in stomach work in America, Germany, England and France. My purpose at this time is to call attention to a series of answers, as a part of this symposium, to certain questions the precise scope of which will be understood from the following quotation from the journal referred to (International Medical Magazine, June, 1903) :

“These questions concerning some of the more interesting of the disputed points relative to diagnosis, the etiology, the sequelae and the treatment of hyperchlorhydria, were submitted to a number of distinguished gastrologists whose answers appear in the following articles.

“1. What do you consider the normal percentage of (a) free hydrochloric acid and (b) combined hydrochloric acid at the height of the digestion of the usual Ewald test breakfast?

“2. What do you believe to be the most frequent cause of excessive secretion of HCl in the stomach—hyperchlorhydria?

“3. What other causes have you found to be effective in producing the same derangements?

“4. Do you agree with those gastrologists who hold hyperchlorhydria to be the most prevalent of all gastric derangements?

“5. What harmful sequelae have you found to follow hyperchlorhydria?

“6. According to your experience and speaking generally, in what proportion of cases do (a) gastric ulcer and (b) gastritis acida result from it?

“7. Should the diet in hyperchlorhydria consist mainly of proteids to combine with as much of the excessive acid as possible, or chiefly fats and carbohydrates to lessen the secretion?

“8. (a) What drug or combination of drugs have you found most effective in the treatment? (b) In what doses, at what intervals, and with what relation to meals should they be administered?

“9. What other remedial measures have you seen exert a particularly favorable influence upon the course of the disease?”

These questions were answered more or less fully by C. A. Ewald, Carl Von Noorden, Rosenheim and Kuttner, of Germany, Max Einhorn, J. C. Hemmeter, G. W. McCaskey and Boardman Reed of this country. Some of the answers to these questions being quite brief will be given in full while others will be



abstracted. The figures refer to numbers of preceding questions.

C. A. Ewald, of Berlin, Germany. (In full.)

1. (a) 20-40 c.cm. decinormal solution of caustic soda for 100 c.cm. filtered stomach contents. (b) 10-15 c.cm.

2. Gastric ulcer; neuroses.

3. Direct or reflex neuroses and gastritis acida.

4. No.

5. Dilatation, hypersecretion and pylorospasm.

6. Gastric ulcer and gastritis acida do not follow but cause hyperchlorhydria.

7. Chiefly albumin and fats. Only a small amount of carbohydrates.

8. Alkaline powders. Various combinations of sodium bicarbonate, sodium citrate, effervescing alkaline water (sodium bicarbonate, 8.0 gms.; sodium salicylate, 2.5 gm.; sodium biborate, 2.0 gm.; distilled water, 1000 gm.); magnesia usta and sugar; a small teaspoonful every two hours. Potassium iodid with sodium bicarbonate (potass. iodid, 5.0 gm.; sodium bicarb., 10.0 gm.; aquae dist., 180.0 gm. One teaspoonful every three hours.) Carlsbad, Ems, and vichy waters.

9. The specific Leube-Ewald method, i. e., exclusive rectal alimentation during the first few days. Later careful administration of small quantities of unirritating food by mouth, with daily ingestion of about 10 to 15 gms. Carlsbad salt in one-half glass of hot water.

Carl Von Noorden, of Frankfurt, Germany. (Abstract).

1. (a) 20-40. (b) 45-65.

2 and 3. Nervousness, chlorosis, constipation, gastric ulcer, pyloric stenosis, simple gastrectasis; also must consider simple acid catarrh of the stomach.

4. In private practice, yes; in hospital practice, no.

5. Pain and hyperesthesia of the stomach, possibly ulcer, but rarely.

6. Acid gastritis is not a sequel of hyperchlorhydria but occurs coincidentally with it, and is due to the same cause.

7. No distinct diet will suit all cases. Diet must be modified to meet the state of nutrition, condition of the intestines and other organs.

8. Alkalies to relieve pain in as small quantities as possible.

9. The underlying diseases when such exist should be treated. Full nutrition is very beneficial. Prefers weak saline waters to the alkaline.



Rosenheim of Berlin, Germany. (Abstract).

1. If total acidity over 50 and largely HCl, it is hyperchlorhydria.

2. May be functional over-excitement or an inflammatory condition.

3. Frequently of nervous origin or a reflex process.

4, 5 and 6. Hyperchlorhydria may exist without symptoms. May assume gravity of acid gastritis and lead to erosions and ulcers.

7, 8 and 9. Treatment based on genesis of the disease and presence of complications. Bland diet with milk and vegetables. All stimulating foods prohibited and later white meats allowed. Gives alkaline powders and lavage with silver solutions or alkaline waters.

Max Einhorn, of New York. (Abstract).

1. (a) Normal: free HCl—30-40; (b) total acidity—50-60.

2. Mental strain, worry; excessive use of alcoholic drinks or tobacco, or both.

3. Reflex disturbances.

4. Yes.

5. Continuous hypersecretion, and perhaps gastric ulcer.

6. (a) in perhaps 1-20; (b) in about the same proportion, namely 1-20.

7. Mixed diet containing a considerable amount of proteids.

8. (a) Alkalies, subnitrate of bismuth, and bromids. (b) Alkalies, about two hours after the principal meals; bismuth, one-half hour before meals; bromids on arising and retiring.

9. Intra-gastric electrization (the faradic as well as the galvanic current); intra-gastric spray with nitrate of silver (2:1,000).

J. C. Hemmeter, of Baltimore. (In full).

1. (a) It varies with different races and in different cities; about 28 for Baltimore on the average. (b) 12.

2. A neurasthenic predisposition.

3. Certain types of gastritis in their incipient stages.

4. This depends upon the races of people with which they have mostly to deal. A diet rich in salt and acid may also predispose to it; hence, if such people are encountered they may show a large percentage of hyperchlorhydria.

5. Pyrosis, gastralgia, pylorospasm and chronic gastritis (acida).

6. The doubtful anamnesis makes an exact answer to this question impossible.



7. Either diet should be tried for about one month and the amount of free HCl determined repeatedly, and that diet retained which is digested best and gives lowest values for free HCl.

8. (a) A combination of magnesia usta and sodium bicarbonate with extract of belladonna. (b) The above three-quarters of an hour after meals, together with bromid of strontium.

9. Lavage first with sodium bicarbonate, followed by washing the stomach with a suspension of bismuth-sub-gallate, or tannic acid.

L. Kuttner, of Berlin, Germany.

1. (a) Free hydrochloric acid after a test breakfast (Ewald)—20.40. (b) Combined hydrochloric acid—10-20.

2. Ulceration and neurosis.

3. Gastritis acida.

4. No.

5. Hypersecretion, pylorospasm, and dilatation.

6. It is impossible to give a distinct answer.

7. The best way to lessen the secretion is to maintain the nutrition with fats. I give especially fats but also carbohydrates and meats.

8. Alkaline waters and powders, glucose and argentic nitrate.

9. It depends upon the cause of the hyperchlorhydria. The latter is but a symptom and it is necessary to treat the disease that has produced it, the ulceration, the neurosis, the gastritis acida, the dilatation, etc.

G. W: McCaskey, of Fort Wayne, Ind. (In full.)

1. (a) The usual range in my experience has been 30 to 50 degrees, i. e., .1 to .18 per cent of free HCl. The basis of my observation has been a considerable number of patients suffering from other diseases in which the stomach was examined as a routine procedure and found normal. The calculations are based on the dimethyl titration, preceded by the Gunsburg test, with an Ewald test breakfast. With a full meal the values are higher. As a matter of fact, the normal limits vary in different cases, and that which is a normal acidity in one becomes a hyperchlorhydria in another. I have been in the habit of assigning seventy degrees as the limit and considering everything above this as hyperchlorhydria, but have seen some troublesome cases below seventy. (b) This must vary with the character of food taken, as it is just sufficient for and cannot be more than that required to saturate its proteid constituent.



2 and 3. The essential cause must be sought in a neurotic basis, hereditary or acquired, usually the former. I believe the most frequent exciting cause to be worry, highly seasoned food, local irritative lesions, and probably reflex influences, such as gallstones, etc.

4. Considerable less than half, probably 35 or 40 per cent. of my cases of digestive disorders have hyperchlorhydria.

5. None excepting the suffering which in psychopathic cases may lead to serious results; and probably gastritis as noted under the next question.

6. (a) I think it even doubtful that gastric ulcer results from hyperchlorhydria at all without concurrent causes, probably entirely efficient by themselves. The proportion of cases of gastric ulcer occurring in connection with hyperchlorhydria is altogether too small to justify the assignment of an efficient etiologic role to the latter. (b) While I believe that hyperchlorhydria may, and does, produce acid gastritis, I have never observed the sequence of events; and as other etiologic factors probably co-operate, I think it is difficult, if not impossible, to answer the question. I have found a co-existence of the two conditions, with varying grades of the inflammatory process, in more than one-half the cases of hyperchlorhydria. In some, however, the gastritis was of a very mild grade, and while its existence was proven to my satisfaction, it would be questioned by many gastrologists.

7. I prefer a mixed, properly balanced diet, as general nutrition and metabolism must be safeguarded. On the other hand, the advantages of a large amount of proteids in combining with HCl is fully offset by the excessive stimulation of the oxyntic glands, and their very low values for dynamic purposes; while the last named function can only be rationally performed by the carbohydrates.

8. (a) and (b) Drugs have proven, as a rule, very unsatisfactory in my hands. In a few cases apparent benefit has resulted from 60 gr. doses of bismuth subnitrate at bedtime and small doses of bromids. I have given from 5 to 10 grs. of sodium bromid both in the fasting and after meals, and prefer the latter, as the constitutional effect is the only one which I believe to be of value, it appearing, in some cases, to act as a local irritant.

9. In cases in which the general nutrition permits, I believe it to be an advantage to begin the treatment with from three to five days absolute rest of the stomach in bed, with the single ex-



ception of a large dose of bismuth once a day, giving nutrient and normal saline injections per rectum. Electricity, either in the form of galvanism with the anode in the stomach or faradism, preferably with one pole in the stomach, has seemed to be of distinct benefit. Aside from these measures, these cases should be treated in accordance with the indications derived from a study of the anamnesis with a full clinical investigation of the case by scientific methods, with all that this implies.

Boardman Reed, of Philadelphia. (Abstract.)

1. (a) Considers anything over 20 usually excessive, and over 30 certainly so. (b) 12-30.

2. Generall speaking neurasthenia or inheritance of neurotic temperament. Rapid eating, gastric irritants and prolonged constipation.

3. Reflex irritation, emotional excitement, eyestrain.

4, 5 and 6. Constipation, insomnia, general disturbances of digestion and metabolism. It is thought acid gastritis and ulcers may result.

7. As a rule allows milk, eggs, stale bread and vegetables with meat once a day. Prohibits irritating foods and condiments.

8. Magnesia and bismuth one or two hours after eating.

9. Intragastric faradism, high tension currents, partial rest cure with rectal feeding or liquid diet.

The above collection of opinions on some of the noted questions concerning hyperchlorhydria are especially interesting to those who are dealing largely with stomach diseases, but the general practitioner cannot escape the responsibility of dealing with these cases as they are bound to constantly present themselves in his practice.

The forms which express the acidity of the gastric juice being somewhat technical in character, perhaps need an explanation for the general medical reader. A solution of hydrochloric acid known as a decinormal solution which contains .365 of one per cent. is arbitrarily taken as a standard and is represented by 100. The gastric juice which contains exactly .365 of 1 per cent. of free acid would be regarded as having an acidity of 100 degrees; if it was half of this 50 degrees and one-quarter 25 degrees, etc. The acidity is determined by adding enough of an alkaline solution to cause the disappearance of the color produced by the addition of dimethyl solution.

It will be noted that there is considerable difference in the



standard acidity in health given by the different clinicians. There seems little doubt that the actual percentage of acids in the healthy human stomach varies with different races, with different occupations, habits, diet, etc. Here in Fort Wayne, as a result of many examinations made upon stomachs found to be practically healthy, I feel certain that the normal range is higher than that stated by several of the above named writers. As I have already stated, however, the acidity of the gastric juice varies as between different individuals over a considerable range, and whether a relatively high percentage constitutes hyperchlorhydria or not must, in my opinion, depend somewhat upon the individual and the symptomatology of the case.

The undoubted origin of hyperchlorhydria in nervous conditions in a certain proportion of cases is a fact which should be kept constantly in mind both from a diagnostic and therapeutic point of view. Local inflammatory conditions, however, must be reckoned with as among the causes of this condition, and it seems quite probable that the early stages of most gastric inflammations are associated with an increase of HCl secretion which later becomes diminished in most cases and may entirely disappear. A positive diagnosis of hyperchlorhydria cannot be made from the symptomatology alone. This condition may be suspected from a burning pain occurring at a variable time after meals in highly neurotic patients, perhaps without eructation of gas, but to positively determine its presence it is necessary to give the patient a test meal, remove the contents of the stomach and subject them to a quantitative analysis. If the acidity is over 70 according to the standard above given, there is no question as to the existence of hyperchlorhydria even in the absence of positive symptoms. If it ranges between 50 and 70, in my opinion, the existence or non-existence of hyperchlorhydria must be determined by a careful study of the individual case, taking into account all the phases of digestion, bowel action, etc.

It will be noticed that there is considerable uniformity in the manner of treatment. Alkalies in some form, but limited as much as possible, are used to a greater or less extent by practically all gastrologists. This, however, is simply palliative. Outside of this palliative treatment the causes should be carefully sought for and, if possible, removed. One feature of the treatment in most cases will be the correction of morbid states of the nervous system which alone may be sufficient to cure the case. All observers are

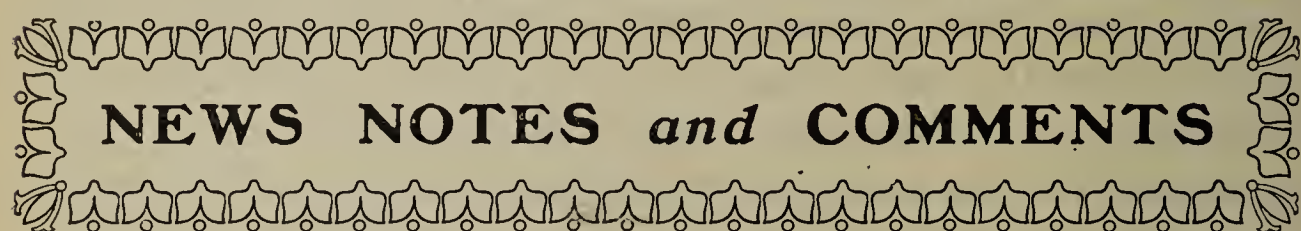


agreed that a bland, nutritious, unirritating diet is indicated, of course, leaving out all pungent condiments and highly seasoned foods of all kinds. In fact there is good reason for believing that the etiology of the disease itself frequently rests in faulty diets of this kind, although they are more permissible and sometimes within proper limits even beneficial in cases of hyperchlorhydria.

In some cases I have found a limited amount of lavage to be beneficial, but in the majority of cases it is perhaps positively injurious and should never be used as a routine procedure. There are few types of stomach disease which will tax the resources of the clinician more than some of the aggravated cases of hyperchlorhydria. Where the circumstances will permit of a quiet and well ordered life, with suitable dietetic regulations, they may be expected to yield within a reasonable length of time to a rational line of treatment.

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## NEWS NOTES *and* COMMENTS

### ***Dr. Donald McLean Dead.***

DETROIT, Mich., July 24.—Dr. Donald McLean, one of the most noted surgeons of the State, died today at his home in this city from gastro-enteritis. He had been in poor health for several years, but his condition did not become alarming until two days ago. Dr. McLean, who was born in Seymour Township, Ontario, in 1839, graduated from Edinburg University. He practiced medicine in Kingston, Ontario, until 1870, excepting the years 1863-64 when he was a surgeon in the United States Army. In 1870 he became professor of surgery at the University of Michigan and held the chair until 1889. He was for a number of years chief surgeon of the Michigan Central and Grand Trunk railroads and in 1894 was president of the American Medical Association.—*Fort Wayne Journal-Gazette.*

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### ***The Summer Resort Doctor.***

It has been quite a common practice on the New England Coast for physicians of prominence from the larger centres of population to engage in the practice of their profession while



enjoying a vacation at prominent summer resorts. As this has resulted in considerable injustice to the local physicians of the resorts, several States have contemplated action to prevent the practice, and New Hampshire has recently amended the law regarding the practice of medicine so that hereafter physicians who are not licensed or registered in the State will be required to pass an examination before they can do business at the summer resort hotels.

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### ***Consolidation of Medical Journals.***

Circulars have been received announcing the consolidation of the *New York Medical Journal* and the *Philadelphia Medical Journal* beginning with the issue of Saturday, June 20, 1903. In an editorial upon the subject the new consolidated journal announces that the medical profession can expect a periodical that is free from all commercial influence and one that will merit the esteem and patronage of a large circle of readers who desire a progressive and highly scientific journal.

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### ***When You're Sick.***

Gee, but I tell you it's good to be sick!  
Less'n it's colic or some kind of ache.  
Jus' be abed an' not do a blame lick;  
Only a dose of some med'cine to take.  
Nobody frettin' or scoldin' "that boy,"  
Coddlin' an' pettin'—they lay it on thick!  
Pitchers or books or some dandy new toy—  
All that he wants when a feller is sick.

Gee, but I tell you it's good to be sick!  
Meals up in bed an' the fat o' the land.  
What would you like? You can just take your pick—  
Jellies an' such—well, it sure beats the band.  
Talk to a boy like they wanted him 'round;  
Say what you want to—there's never a kick.  
Some of the folks sort o' like me, I've found,  
During the time that I've had to be sick.

Still you don't like it too long to be sick;  
Seems rather tough when you can't go and play.  
I'd like mighty well a good swim in the crick  
'Stead of to waller the bedclothes all day.  
If they'd only let me I'd get up too quick.  
Sure I'u'd like to move round for a spell,  
Some things is good when a feller is sick;  
Yet, after all, I'd be glad to get well.

—Chicago News.



## ◊ MEDICAL ◊ REVIEWS ◊

### *Department of Medicine and Therapeutics*

In Charge of George W. McCaskey, A. M., M. D.  
Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

#### *A Clinical Observation of 90 Cases of Typhoid Fever.*

Harbin in *Jour. A. M. A.* on this subject concludes as follows:

1. Fasting and a restricted diet are indicated because of pathologic conditions.

2. A clinical fact maintains that emaciation occurs independently of the amount of food taken.

3. All severe cases should be subjected to fasting for 24 to 48 hours to relieve the active symptoms, which exhaust the patient more rapidly than the lack of food.

4. After a fast should be prescribed a restricted diet of broths, diluted milk, etc., in definite quantities.

5. Gelatin prevents too rapid emaciation in certain cases and renders hemorrhage less liable.

6. The cold bath or the modified cold bath is more effective during a fast.

7. Peristalsis favors the absorption of toxins and cathartics should be used only to remove undigested food.

8. The presence of diarrhea and vomiting indicates the adoption of the fasting treatment.

9. The presence of intestinal ulcers should be assumed to exist in every case and proper treatment is rest, which is better attained by fasting and a restricted diet, thus preventing hemorrhage and perforation.

10. Fasting and a restricted diet shorten the course of the disease and many cases run an abortive course after the ambipolar period.

11. Many of the vaunted cures from specific drugs are dietetic in fact.

12. Recrudescences are nearly always due to dietetic errors.

13. In the above report, 45 consecutive cases occurred without death. Of 87 whites, 2, or 2.2 per cent. died. Of colored, 2 died, and the low mortality of 4.4 per cent. of all cases was ascribed to the above treatment.



*The Effect of the X-Ray on Normal and Abnormal  
Histologic Structures.*

(Abstract from a paper by William Allen Pusey, A. M., M. D., read before the Chicago Medical Society.)

CHANGES IN NORMAL TISSUES.—The epidermis is first effected. There is great increase in the number of the cells of the stratum spinosum. This is followed by an atypical karyokinesis. A complete disintegration of the cells may result. Similar changes in the appendages of the skin are noted which lead to alopecia, atrophy of nails and glands.

In the corium the changes are of an inflammatory character, namely, exudation of leukocytes and of plasma. The connective tissue fibers are swollen. The inner coats of the blood vessels are inflamed and the cells exhibit signs of proliferation, in some places falling off into the blood vessels.

CHANGES IN THE DISEASED TISSUES.—Dr. Pusey's studies have been more particularly confined to carcinomata. Sections were taken from tumors in different stages of reaction. Sections taken from nodules on the surface show that the effects of the X-ray is confined to the periphery of the cell masses. Some of these cells break down and disappear. The nuclei are broken up leaving only shapeless fragments that do not react normally to hæmatoxylin. The blood vessels are affected. Those within the nodule subjected immediately to radiation show the inflammation of the intima noted above. Others farther away from the field of exposure do not exhibit these changes. When a carcinomatous ulcer has lost its nodular character, sections from it show that the diseased tissue is being filled up by connective tissue. In the course of the treatment the changes seem to be a destruction of the superficial cells followed by those more deeply seated, the degenerated substance being absorbed.

A very important fact is that the changes in the blood vessels do not precede changes in other tissues, since they follow the first changes in the epithelial cells. It seems evident, therefore, that the changes in the cells are not primarily the result of disturbance of the circulation.

It must be our aim, then, to produce degeneration and absorption of the diseased cells, replacing them by healthy connective tissue without destroying healthy stroma.—*American Electro-Therapeutic and X-Ray Era.*



*Alternating Currents to Sympathetic Nervous System.*

Sloan, in the *London Lancet*, describes the value of secondary faradism and the sinusoidal currents in numerous conditions, and the cases in which he thinks it likely to be of benefit or fail are given by him as follows:

1. Those cases of uncomplicated neuro-muscular asthenia where the cause had ceased or had been removed have proved most amenable to this treatment. By neuro-muscular asthenia I mean neurasthenia minus its psychic elements.
2. Regarding cases of visceral neuroses almost as much can be said.
3. Cases of persistent sickness, some of them of reflex character, have done well under the treatment, the only failure in this list having been one in which the liver was considerably enlarged.
4. The treatment may be relied on in vaso-motor cases, all of the five cases having been successful.
5. The treatment will be of little avail in neurasthenia. I suspect its only chance here would be after the Weir-Mitchell treatment of it had failed.
6. In cases where inflammatory mischief existed in the pelvic organs the result is not likely to be good. In such cases vaginal electric applications have given the best results.
7. Where septic endometritis exists only a very temporary improvement will follow, although this may be made a permanent one if the treatment is resorted to after curettage has removed the septic condition from the uterus.
8. Epileptics are likely to derive no benefit from the treatment. I had two cases of angina with no apparent evidence of organic disease. As the table shows recovery ensued in one, but the treatment in the other appeared to have no influence, or rather seemed to make the symptoms worse. Perhaps in the successful case the success was due to the anterior electrode having been placed during part of the treatment over the cardiac region, and in the case of failure I suspect the dose given was too large. This patient had a somewhat alarming collapse during one of the applications.

The method of treatment was using two large moist clay electrodes warmed. One about 9x6 inches is placed attached to the positive pole between the shoulder blades; the other attached to the negative pole, measuring 9x10 inches, over the abdomen, especially the epigastric region. The current is from a secondary coil of about 8,000 turns of fine wire, and the dose carefully measured by his faradimeter, which was described in the *Lancet*, March 22, 1902. When the sinusoidal current is used the alternations are about 1,800 per minute, the voltage being much the same as that of the secondary coil. The dose at the first seance is from two to three milliamperes. As the case progresses this is raised until a dose of seven, or at most eight milliamperes is administered. Each application is fifteen minutes long. With a



larger number of turns than 8,000 a larger dose can be given, and with a smaller coil a smaller dose. The patient at the early sittings especially, should be made to rest at least fifteen minutes before going home, and should then go to bed for an hour or longer, or recline on a sofa. The applications are given every third or fourth day; usually six or eight suffice. If more are required a gradual decreasing of the size of the coil should be used, and the former dose maintained. He gives his reasons at length for believing in the efficacy of the currents, and reports cases.—*Journal of the American Medical Association.*

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### ***Sunstroke and Heat Exhaustion.***

The two conditions of sunstroke and heat exhaustion, though occurring from similar or identical causes, are not the same. In heat exhaustion the temperature is only slightly elevated, and may be subnormal, while in sunstroke it is usually well above 103 degrees. Correspondingly, the skin is comparatively relaxed and cool in heat exhaustion, while it is hot and flushed in sunstroke. Unconsciousness and convulsions are rare in heat exhaustion, but are common in sunstroke. Corresponding to the condition of the temperature, the pulse in heat exhaustion is rapid, feeble and perhaps almost imperceptible, but in sunstroke, although it is rapid, and may be feeble, it may also be full. The pulse, therefore, can not in all cases give much assistance. If further evidence is necessary to establish a diagnosis, there may be a history of the patient having complained, in heat exhaustion, of suffering from intense heat, or if he is conscious—as is usually the case—he may himself describe his previous feelings. On the other hand, in sunstroke, the attack in most cases comes on suddenly, and the patient is apparently stricken down while suffering no inconvenience. When the diagnosis is made the treatment, it is easily seen, differs in the following: In heat exhaustion the subnormal temperature must be raised to normal; in sunstroke the hyperpyrexia must be reduced. The patient suffering from heat exhaustion must be protected from drafts, have external heat applied and stimulants given. In sunstroke, the stronger and colder the draft the better. The patient should be rubbed with ice, be given cold water enemas or icy packs, and other measures should be used to reduce the temperature. In sunstroke stimulants should never be given while the temperature remains high and the period of reaction following the reaction has not arrived. In case of either affection, the patient must be warned to resume work moderately, and only after sufficient time for convalescence. He must be further warned that he will be more liable to such attacks in the future. The pathology of the resulting condition has often been discussed, but whatever the exact injury may be, there often seems to be an irreparable lesion.—*Jour. A. M. A.*



*The Symptomatology and Diagnosis of Diseases of the Pancreas.*

In *American Medicine*, June 6, 1903, Fitz says: The diagnosis of chronic pancreatic affections is based usually on the occurrence of localized pain and upon the presence of a tumor. The pain may exist without the tumor, but the latter is rarely present without the former at some time during its formation. The pain of chronic pancreatic affections is often a deep-seated discomfort; when severe it is likely to be paroxysmal, and then is suggestive of biliary colic, but is referred rather to the region of the pancreas than to that of the biliary tract. The tumor is of slow or rapid growth, large or small, perhaps distinctly palpable only in narcosis, fixed or slightly movable, with or without symptoms of pressure upon the surrounding parts. Its position behind the stomach and above or behind the colon is made apparent by inflation and percussion of these portions of the alimentary canal. Evidences of disturbance of pancreatic function are to be sought along the lines previously mentioned, but experience has shown that definite and convenient knowledge must be made before functional disturbances of the pancreas can be ascertained sufficiently early and with sufficient certainty to render assured the pancreatic source of the disease. The discovery of sugar in the urine should lead to an examination of the feces for fat. The presence of the latter should suggest the search for undigested muscle fibers and for glycosuria, and alimentary and therapeutic tests should be applied to all suspected cases.

The differential diagnoses lies between chronic pancreatitis, with or without pancreatic calculi, cysts or tumors.

The association of jaundice with tumor has led to the diagnosis of chronic pancreatitis and to its effective treatment by Mayo Robson and others. The relatively rapid formation of the tumor in the sequence of symptoms suggestive of gallstones may serve in certain instances to differentiate this condition from malignant neoplasms.

The discovery of the characteristic calculi in the feces has made clear in a few instances the source of discomforting or severe symptoms without tumor in the region of the pancreas, and exploratory laparotomies have confirmed or suggested the diagnosis of neoplasms of this organ.

The various possibilities of a more accurate study of the symptomatology and diagnosis of diseases of the pancreas suggest an early advance in our knowledge of the subject. With the increase of clinical laboratories in our general hospitals and with the more frequent addition of biologic chemists to the force of pathologists the errors of the past are likely to be avoided and new lines of research are sure to be planned.



## DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.  
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

### *Pregnancy After Amputation of One Horn of Bicornate Uterus.*

In September, 1901, I reported to the American Association of Obstetricians and Gynæcologists (*American Journal of Obstetrics*, Volume XLIV, No. 5, 1901), the case of Mrs. H., upon whom I operated for ectopic pregnancy occurring in a bicornate uterus which had ruptured in the fourth month. The horn in which the pregnancy occurred was amputated, leaving both tubes and ovaries intact.

On August 1, 1903, I received a letter from the family physician, Dr. J. M. Miller, of Decatur, Ind., announcing that he had delivered Mrs. H. of a "bouncing girl baby" on July 19, 1903, that the labor was normal and that both mother and child were doing well.

M. F. P.

### *Lorenz's Method of Treating Congenital Dislocation of the Hip.*

J. J. Clarke contributes an exceedingly lucid illustrated description of Lorenz's method, and records several cases. He states that the dangers of the operation are entirely due to treatment being neglected until the patient has neared the age-limit for the operation. In children up to the age of five or six years there is practically no danger. Regarding the proper attitude of the profession toward this method of treatment, Clarke believes that results have proved it worthy of acceptance. He concludes as follows: "Lorenz's method of treating congenital dislocation of the hip is based on correct anatomic and physiologic grounds; it is the outcome of an exceptional experience both of open and subcutaneous operating; in a considerable proportion of cases it gives a perfect anatomic and physiologic result (i. e., it cures a condition hitherto deemed incurable); in a still greater number of cases it affords a permanent functional improvement that relieves the patient of the grievous disabilities which the deformity usually entails if left untreated. In the remaining cases in which the method fails to give a firm articulation placed anteriorly, the manipulative operation of Lorenz is a necessary preliminary to any subsequent treatment by open operation that may be undertaken."—*American Medicine*.



***Dry Tetanus Antitoxin.***

That the curative treatment of tetanus by tetanus antitoxin usually fails is well known. Clinical evidence seems to show however that injection of the antitoxin prevents the onset of tetanus in wounds infected with tetanus bacilli provided the injection be made prior to the onset of the symptoms. The experiments of Professor Calmette of Lille, which proved that the tetanus antitoxin was readily absorbed when applied to abraded surfaces, have recently been corroborated by the experiments of McFarland of Philadelphia. Both of these men have shown that by dressing wounds infected by tetanus bacilli with dry tetanus antitoxin tetanus can be certainly prevented. The advantages of this method of treating suspected wounds has many advantages over the injection of the fluid antitoxin. One of the most important advantages lies in the fact that the dry antitoxin preserves its activity indefinitely. The suspected wound is thoroughly cleansed, then covered with antitoxin, sprinkled from the bottle containing it, and a dressing of cotton and collodium applied. There is every reason for believing that the number of deaths from tetanus will begin to decrease as a result of the employment of this treatment.

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***An Ideal Method of Draining the Gallbladder.***

We know of no method of draining the gallbladder which appeals to us as so nearly ideal as that devised and used by Dr. George J. Cook, of Indianapolis. The following is the description of the method as given by Dr. Alois B. Graham in a recent article (*American Medicine*, August 1):

“The drainage tube employed should be of large calibre and possess firm walls so as to be not easily compressed. Its proximal end is firmly fixed in the gallbladder with a purse-string suture. Its distal end should not project more than one and one-half to two inches beyond the edges of the wound. To this end is firmly tied an extra large and extra thick condom or rubber sac. The gauze dressings are next applied; upon these is placed the condom or rubber sac, and this is well surrounded and covered with cotton. All are retained in position by a binder-bandage snugly adjusted. It can readily be seen that by this method we have produced an artificial gallbladder, and it lies in close proximity to the gallbladder that is to be drained. This so-called gallbladder is removed once or twice in twenty-four hours, emptied and thoroughly cleansed, after which it is again placed in position.”

The chief advantages of this method are: First, it is simple; second, it is cleanly; third, it permits the patient to move; fourth, it collects the bile in a pure state and in sufficient quantities to permit of its examination, measurement, etc.



## DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.

Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort  
Wayne College of Medicine.

### *Iodo-Nucleoid.—A New Organic Iodine.*

W. L. Baum, *Chicago Med. Rec.* July 15, 1903, describes a new organic iodine preparation, discovered by Dr. J. A. Wesener, of the Columbus Laboratory and named by him iodo-nucleoid. It is a reddish brown granular powder, containing nine and one-half per cent. of iodine in an organic combination with nuclein. It is insoluble in acids, alcohol, ether and chloroform, and is slowly soluble in alkaline fluids.

From experiments made by Wesener it would appear that more of the iodine is appropriated by the system than is the case with other iodine preparations, and from its clinical use by Baum it appears to be tolerated much better than the potassium iodide and to be much less apt to produce acne although in sufficient doses this results. It is non-toxic, as much as one ounce having been given in twenty-four hours.

### *Quinine in Inoperable Cancer of the Uterus*

At the last meeting of the Italian Surgical Society (*Il Policlinico Supplemento Settimanale*, April 12, 1902) Mariani reported two cases of inoperable uterine cancer cured by the endovenous injection of quinine (Jaboulay's treatment.) He began by injecting a dose of 25 cg. of quinine hydrochlorate, after a time giving hypodermic injections of 50 cg. To one woman he gave 35 injections, to the other 30 in three months; in the latter case the drug was given by the mouth for the last five days of the treatment. A fortnight's interval was allowed in the middle of the course. In one case pain and metrorrhagia ceased and the ulcer completely healed; in the other it healed to a large extent. Examination of the blood before and after treatment showed in one case leucocytosis had entirely disappeared, and in the other had greatly diminished. Histological examination of tissue removed two months and a half after the conclusion of the treatment showed in one case not a trace of epithelioma; in the other epitheliomatous



structure was apparent. With regard to the action of the remedy, the author is inclined to believe that it is due to the antiseptic properties of the drug, acting either directly on the microorganisms or neutralizing the toxins produced in the cancerous tissues. In the discussion Salomoin said he had used the method in three cases. In one—an adenoma-carcinoma of the kidney—the result was good; he thinks, however, that there was an error of diagnosis, although the diagnosis was made after an exploratory incision. In the other two cases—an epithelioma of the lower lip and an osteosarcoma of the lower jaw—the result was negative. Durante said that he believed that quinine might act on the area of leucocytic infiltration which accompanies malignant tumors, especially if there is ulceration. But he does not think there is any ground for looking upon the drug as a means of radical cure. Tansini had used quinine in a case of operable cancer of the breast, with the result that the evolution of the growth proceeded more rapidly than before.—(*British Medical Journal*, Feb. 14, 1903.)

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#### **Potassium Permanganate in Lupus.**

Hall-Edward, *Brittsh Med. Jour.* Jan. 27. 1903, calls attention to the good effects produced in lupus by potassium permanganate, not only as an adjunct to X-ray treatment, but in clearing up patches left after the use of the rays. In non-ulcerated cases he washes the patch with carbolic soap, dries it with a solution of methylated spirit, and then applies a saturated solution of potassium permanganate with a brush. Crusts should not be removed, but simply saturated with the solution. The applications are repeated every day, or every other day. The treatment has no effect upon indurated, shiny, slow-growing, non-ulcerative patches.—*N. Y. Med. Jour.*

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#### **Gelatin Internally in Haemophilia.**

If the result was not a mere coincidence in a case reported by Hesse (*Therapie der Gegenward*, September, 1902; *Zentralblatt fur innere Medizin*, April 35th), it must be admitted that the prolonged internal administration of gelatin holds out a prospect of cure in this disease. The patient, a child eight years old, was an hereditary "bleeder." He had often had profuse haemorrhages, and he could not walk for more than half or three quarters of an hour without effusion of blood taking place into the joints. Various forms of treatment had been tried without benefit, when he was ordered to take daily six ounces of a 10 per cent. solution of gelatin. In a year there were signs of improvement, and the final result was a virtually perfect cure. The gelatin solution was flavored with lemon juice or the juice of some other fruit. Probably almost any one of the household jellies would have done as well.—*N. Y. Med. Jour.*



## DEPARTMENT OF OPHTHALMOLOGY OTOLOGY, LARYNGOLOGY & RHINOLOGY

In Charge of Albert E. Bulson, Jr., B. S., M. D.

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

### *Sudden Blindness After Paraffin Injection.*

Dr. Lee Maidment Hurd reported to the Section on Laryngology and Rhinology at the New York Academy of Medicine, on May 27, a case in which there had been instant loss of vision following a paraffin injection for nasal deformity. The patient was a man of thirty-three years of age without any history of syphilis, whom he had given some months previously two or three injections of paraffin with the object of improving a nasal deformity. The man returned requesting another injection, and while this was being given he became blind. Ophthalmoscopic examination revealed the typical appearance produced by embolism of the central artery of the retina. While the possibility of this accident being a mere coincidence was freely admitted, the opinion seemed to prevail that it was directly connected with the paraffin injection. The blindness is permanent.—*Ophthalmic Record*.

### *The Sight of School Children.*

The recent access of activity on the part of the Board of Health of New York City in the matter of medical examinations of school children will undoubtedly result in the accumulation of data of much value concerning the physical condition of the average city child. That life in the city is unfavorable to development and maintenance of sight of a high degree of efficiency has generally been conceded. The dwellers on plains have much keener vision, as a rule, than those whose horizon is limited by the immediate proximity of tall buildings, so that their distant sight is rarely called into use. The examinations have been carried on in New York for too short a time, however, to make the data of much value as yet. One good result of the more careful examination has been the recognition of the grave importance of the epidemic of trachoma. The knowledge gained by means of the medical examination has led to the establishment of a special hos-



pital for the treatment of this disease, which, while it seems not to have diminished the total number of cases, certainly must have been of value, at least in preventing the marked increase in the number which would have occurred but for this special provision.

It is interesting to note that the oculist of the London school board has found a larger proportion of children with good sight than had been expected. In the seventh grade (presumably primary) 80 per cent of the children examined have normal vision. In London those whose sight is defective are given cards which inform the parents that the child should be sent for treatment to a hospital. Unfortunately, however, the public hospitals seem not to have dealt thoroughly with the cases sent to them, so that the results have been discouraging alike to the patient and to the medical examiners. This complaint, however, does not hold good of the ophthalmic hospitals, where, as a rule, better service has been rendered. The fact that most of the cases were examples of simple errors of refraction seems to have been overlooked or ignored on account of the tedious character of the work required in correctly ascertaining the errors of refraction.—*Ophthalmic Record*.

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#### *Lion to Wear an Artificial Eye.*

“Prince, one of Bostock’s lions, is to wear a glass eye. In Richmond he had an affair of honor which cost him his left eye. A veterinarian dressed his torn eyelids, but he had to be strapped down, and resisted so that he still bears the marks of the ropes. Bostock undertook to measure him for a glass eye, but when the keepers appeared Prince became so wild that the eye was measured as well as possible without binding him. He will have to be strapped down when the eye is put in. Bostock thinks Prince will tear it out, and a wire cage to enclose the eye will be put on him until he becomes accustomed to it.”—*New York World*.







## BOOK REVIEWS

***Surgical Asepsis.***—Especially adapted to operations in the home of the patient, by Henry B. Palmer, M. D., Consulting Surgeon to the Central Maine General Hospital. Nineteen Illustrations. Pages VI—231. Size, large 12 mo. Extra cloth. Price \$1.00 net, delivered. Philadelphia, F. A. Davis Company, Publishers, No. 1914-16 Cherry Street.

This little volume gives evidence of having been written by one well equipped for the work.

Having been written expressly "for surgeons who often operate outside the hospital and for the general practitioner who may do some surgery or has the after-care of surgical cases," accounts perhaps for the fact that so much space is given to abdominal work, because a large part of the work falling to this class of operators is abdominal. However, an aseptic technique which will give good results in abdominal work will pass muster in any other line. There is but one point in the book to which we want to object emphatically and that is the opinion expressed on page 124 that "If the abdominal wall has been closed by layers the patient may safely sit up in bed by the sixth or seventh day in most cases, and sit in a chair at the end of ten days or two weeks." The fourteenth day is early enough for a patient to sit up after celiotomy. Perhaps with very short incisions (one inch or less) one might with safety sit up on the "sixth" or "seventh" day. But to follow the author's rule, save in hernia operations and in exceptionally long incisions, would be to run an unnecessary risk of hernia. A chapter on "Aseptic Midwifery" is a valuable addition to the work. The book is well worth the price asked for it. M. F. P.

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***A Text-Book of Chemistry for Students of Medicine, Pharmacy and Dentistry***

By Edward Curtis Hill, B. S. M. D. Medical Analyst and Microscopist; Professor of Chemistry and Metallurgy in the Colorado College of Dental Surgery; Professor of Chemistry and Toxicology in the Denver and Gross College of Medicine, University of Denver. With 78 illustrations including nine full half-tone colored plates. Pages XII-523 Crown Octavo. Extra Cloth, \$3.00, net delivered. Philadelphia, F. A. Davis Company, Publishers, 1914-16 Cherry Street.

This volume contains a very full presentation of the subject of chemistry both organic and inorganic with special reference to the needs of the physician, pharmacist and dentist. The blood, urine and other fluids of the body receive adequate attention.

The volume is well illustrated and well executed from a me-



chanical point of view. A moderate amount of space is given to the subject of physics and chemical philosophy, although they are not unduly exploited to the extent of encroaching upon other and more practical subjects. This section, in fact, does not contain anything which ought not to be familiar to every well educated physician, and to those who do not have the advantages of the present day methods and laboratories, a careful review of such a volume as this would be of great value.

This work is highly commended to physicians and students desirous of securing a comprehensive and not too elaborate treatise upon the subject of chemistry.

G. W. M.

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**Progressive Medicine.**—A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; Member of the Association of American Physicians, etc. Assisted by H. R. M. Landis, M. D., Assistant Physician to the Out-Patient Department of the Jefferson Medical College Hospital. Volume II. June, 1903. Surgery of the Abdomen, including Hernia, Gynæcology, Diseases of the Blood and Ductless Glands, the Hemorrhagic Diseases. Metabolic Diseases, Ophthalmology. Lea Brothers & Co., Philadelphia and New York. 1903.

This volume contains much of interest to the general practitioner as well as to the specialist along several lines. Perhaps the chapter on Diseases of the Blood and Ductless Glands, Hemorrhagic Diseases and Metabolic Diseases, containing 122 pages, will appeal to the largest number of practitioners. In regard to the blood eosinophilia is one of the most interesting points for discussion at the present time. Its frequent occurrence in connection with intestinal parasites is of especial interest, and an unexplained occurrence of eosinophilia should always lead to a search for intestinal parasites. Some very interesting studies have been made with reference to the influence of high altitudes upon the blood, especially in seeking for the well-known increase of hemoglobin and red cells which occur under such conditions. Pernicious anæmias have had some important contributions, especially those by Warthin which tend to support the hæmolytic nature of the disease and its dependence upon some as yet unknown poisons. The autogenous or heterogenous nature of this remains as yet undetermined. Among the interesting observations concerning leukemia may be mentioned the occurrence of acute lymphatic leukemia without enlargement of the lymphatic glands.

Space will not permit of a detailed examination of the many



interesting and practical points discussed in this volume which includes, besides the subjects already mentioned, a resume of the progress in gynæcology, abdominal surgery and ophthalmology.

The volume shows its usual high standard, both as regards subject matter and mechanical execution. G. W. M.

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***Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition.***—By Prof. Dr. Carl Von Noorden, Physician in Chief to the City Hospital, Frankfurt, A. M. Authorized American Edition translated under the direction of Boardman Reed, M. D., Professor of Diseases of the Gastro-Intestinal Tract, Hygiene and Climatology, Department of Medicine, Temple College; Physician to the Samaritan Hospital, Philadelphia. Part III. Membranous Catarrh of the Intestines. [Colica Mucosa] by Professor Dr. Carl Von Noorden with the collaboration of Dr. Carl Dapper. New York. E. B. Treat & Company. 1903.

This little brochure, dealing with that exceedingly intractable disease variously known as colica mucosa, colitis pseudomembranacea, membranous catarrh of the intestine, myxoneurosis coli, is of special interest, coming as it does from the pen of a clinician of international reputation. The precise nature of this disease still remains uncertain. The comparative absence of cellular elements in some of the specimens seems to point away from a inflammatory process, although there are well studied cases coming to autopsy in which the clinical picture of colica mucosa was undoubtedly presented in genuine enteritis.

There appears to be a well authenticated case carefully studied by competent observers in which the mucous structure showed no changes whatever, and it would seem that such cases must find their explanation in morbid neurotic influences.

Out of it all stands two conspicuous practical facts. One is that the nervous system should receive special attention in the practical management of these cases, and the other that the local intestinal conditions such as constipation must receive appropriate local dietetic management. G. W. M.

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***The Expectant Mother.***—A Treatise on the care of the Expectant Mother during pregnancy and child-birth and the care of the child from birth to puberty, by W. Lewis Howe, M. D. Pages VIII—63. Size, small 12 mo. Extra cloth. Price 10c net, delivered. Philadelphia, F. A. Davis Company, Publishers, No. 1914-16 Cherry Street.

This little book is gotten up especially for the pregnant woman herself. It contains good advice on questions which come to every expectant mother and should be read by every mother for the information it contains concerning the care of the child from infancy to puberty.

It would be well for the physician to keep a supply on hand to give to those who come to engage his services in their approaching confinement. B. VAN S.



***Diseases of the Nervous System and Muscles.***—By Edward Curtis Hill, M. S. M. D., of the Denver and Gross College of Medicine; Published by the Antikamia Chemical Company, St. Louis, Mo.

This is a reference chart of Diseases of the Nervous System and Muscles in which is made a comparison of diseases likely to be mistaken for each other. The symptoms and manifestations are so tabulated that the essential differences between diseases can be readily determined. The book is a very handy reference chart which will be appreciated by very busy physicians, and the publishers are to be congratulated upon presenting such a valuable hand-book. Medical men are also fortunate in being able to secure this book without cost by addressing the Antikamia Chemical Company, St. Louis, Mo.

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***The Medical and Surgical Uses of Electricity Including the X-Ray, Finsen Light, Vibratory Therapeutics and High Frequency Currents.***—By A. D. Rockwell, A. M., M. D., formerly Professor of Electro-Therapeutics in the New York Post Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine; Member of the New York Neurological Society; formerly Electro-Therapist to the Woman's Hospital in the State of New York, etc. With two hundred and fifty-two illustrations. New edition. New York. E. B. Treat & Co. 1903.

Seven years ago the old familiar work of Beard and Rockwell on Medical Electricity was thoroughly revised by the surviving member, Dr. A. D. Rockwell, "the old plates destroyed, the illustrations newly drawn, and much of the book rewritten." The present edition, or the revision of that one by the author, contains, in addition to a careful revision of the subject matter of the previous edition, six new chapters in which are discussed X-Ray diagnosis and therapeutics, the Finsen light, vibratory therapeutics and high frequency currents.

It is perhaps needless to dwell upon the importance of electricity in some of its many forms as a therapeutic agent, and in this work by a man of wide experience and long training will be found an excellent resume of the entire subject beginning with electro-physics and electro-physiology which must form the foundation for any rational therapy, and concluding with a full detailed discussion of the various methods and also their specific application to individual diseases.

The new chapters above referred to will be found to contain all the facts the general practitioner needs to know concerning this topic in order to carry out very practical applications in a successful manner. If one was inclined to be capious, he might be inclined to ask why vibratory therapeutics should be included in a work devoted to electricity, as this method of treatment is not



necessarily in any way connected with electricity, although, perhaps, the best method of producing it is by an electric motor. The importance, however, which the subject is assuming at the present time makes it very desirable that available facts should be placed before the profession, and this Dr. Rockwell has done in a concise and clear manner. I have been using the methods of vibratory stimulation for some time and have no hesitation in assigning to them a very high value in many classes of disease. Perhaps their greatest value is in diseases of the intestines, and when scientifically applied the beneficial effects have been undoubted. Of Roentgen ray therapy, it may be said here again, I can confirm the statement from personal observation that it has passed the stage of experiment and has taken its place as one of the most potent and well recognized agents in our entire armamentarium, especially in the treatment of certain forms of malignant diseases. There is no doubt whatever that lives are being saved by this method of treatment which formerly have uniformly perished before its introduction.

The volume can be conscientiously and heartily commended as one of the very best treatises on the subject which is of the most vital practical value to every progressive physician.

G. W. M.

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***"Analysis of the Sexual Impulse—Love and Pain—The Sexual Impulse of Women."***—Third volume in series, "Studies in the Psychology of Sex," by Havelock Ellis, L. S. A. (England); Fellow of the Medico-legal Society of New York and Anthropological Societies of Berlin, Honorary Fellow of the Chicago Academy of Medicine, etc.; general editor of the Contemporary Science series since 1899. Extra cloth, \$2.00 net, delivered. Sold only to physicians, lawyers, clergymen, advanced teachers and scientists. Philadelphia, Pa. F. A. Davis Company, Publishers, No. 1914-16 Cherry Street.

As its title implies, this volume is a painstaking "analysis of the sexual impulse, love and pain, and the sexual impulse in women."

It is well that its sale is restricted as above indicated, for even though it is admirably written in a high-toned, scientific spirit, it is not "food for babes," and while the writer is one of those who favors telling children the truth about sexual matters, he does not favor dwelling unnecessarily on salacious subjects to them nor putting books before untrained or immature minds which may suggest detrimental practices before unknown.

The treatise is a discussion of the *normal* development of the sexual impulse, whereas in the work of Kraft-Ebing we have a discussion of the development of the abnormal sexual impulse.

The opinions the author advances are evidently the result of much careful study of the subject, and are based on a voluminous literature, conscientiously credited, together with many personal communications.

We heartily recommend the perusal of this book to all members of the above named professions.

B. VAN S.



**International Clinics.**—A Quarterly of Illustrated Clinical Lectures and especially prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pædiatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose, and Throat, and other Topics of Interest to Students and Practitioners by leading Members of the Medical Profession throughout the World. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A., with the Collaboration of John B. Murphy, Chicago; Alexander D. Blackader, M. D., Montreal; H. C. Wood, M. D., Philadelphia; T. M. Rotch, M. D., Boston; E. Landolt, M. D., Paris; Thomas G. Morton, M. D., Philadelphia; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh, and John Harold, M. D., London, with Regular Correspondents in Montreal, London, Paris, Leipsic, and Vienna. J. B. Lippincott Company, Philadelphia and London. Cloth, \$2.00. Volume 2, Series 13.

The fact that the International Clinics have reached the thirteenth series is in itself a recommendation, for but for the appreciation of the medical profession, as evidenced by increased sales of the work, publication of the Clinics would long ago have been abandoned. The volumes appear quarterly and invariably contain the valuable features which the busy physician most appreciates, in that he has placed before him the history, symptomatology-diagnosis and treatment of cases occurring in the practice of eminent clinicians. Aside from this, there are many special article, upon interesting and practical topics by men well fitted by education and experience to give the latest and most approved information. Each volume is well illustrated and mechanically well executed. The present volume is up to the usual standard and is a valuable work for every physician.

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**The Practical Medicine Series of Year Books.**—Under the general editorial charge of Gurtavus P. Head, M. S., M. D., Professor of Laryngology and Rhinology, Chicago Post Graduate Medical School. Volume IV. Gynecology. By Emilius C. Dudley, A. M., M. D. Professor of Gynecology, Northwestern University Medical School; Gynecologist to St. Luke's and Wesley Hospitals, Chicago, and Wm. Healy, A. B., M. D., Instructor in Gynecology, Northwestern University Medical School, March, 1903. Chicago. The Year Book Publishers, 40 Dearborn Street.

As has been noted in reviews of previous volumes of this series this is one of ten volumes issued each year. The price of this volume is \$1.25. Price of the series \$7.50.

In this volume of 242 pages, including the index, will be found a careful review of what in the opinion of editors is the important gynecological literature of the year ending February 1, 1903. To many of the abstracts are appended comments by the editor. The type, paper, illustrations and binding are good. All in all the book deserves commendation. M. F. P.

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**Illustrated Fracturse.**

Messrs. Battle & Co., of St. Louis, have issued the twelfth chart of Illustrated Fractures, the last plate being fracture of the lower end of the radius or Colles' fracture. Those who have not already received the full set of pictures illustrating fractures met with may obtain the same by addressing Messrs. Battle & Co., at St. Louis.



# Fort Wayne Medical Journal-Magazine

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## EDITORIALS

### *Antisepsis in Cataract Extraction.*

Commenting upon the success of surgeons in India who operate such a large number of cataracts, Dr. M. L. Foster, in an editorial in the *New York and Philadelphia Medical Journal*, says that the experience of the Indian surgeons should have some weight with the best of operators in this country who are not privileged to see or operate even one-tenth as many cases. That the surgeons in India have a vast experience is evidenced by the fact that Mr. Henry Smith alone operated 3,354 cataracts in 23 months, and Mr. Elliott, whose experience is nearly as great, has the record of having operated on 53 cataracts in one day. Comparing this with the 262 operations performed during one year at the largest eye and ear hospital in the United States by all the surgeons and their assistants there, or the 129 operations in a year at another well-known hospital, and it can be readily seen how inexperienced many of our best operators appear as compared to the operators in India, judged by the amount of work done.



Mr. Herbert precedes his operations with a copious irrigation of the eye with a solution of mercuric bichloride sufficiently strong to induce a rapid secretion of mucus from the conjunctiva together with shedding of the superficial epithelium and so to form flakes which can be readily washed away with whatever micro-organisms are embedded in them. Mr. Herbert further states that in the hospital where he operates there is no operating theatre. The operations are performed in a room just cleared of the daily crowd of out-patients. The windows of the room are widely opened. This seems sufficient to render of no account the daily soiling of the floor and furniture. The patients themselves are far from clean and no extraordinary effort is made on admission to clean even the eyelids, which may never have known the application of soap. He also declares that while a normal conjunctiva is the rule in Europe, it is the exception in India. Dr. Foster says that in this country we have immaculate rooms set apart for operations, each patient must have a bath on entrance to the hospital, and there is no generally prevalent disease of the conjunctiva. We have excellent results after the extraction of cataract, even if we do not remove so many as the Indian surgeons, and it is difficult to convince a surgeon accustomed to between 90 and 100 per cent. of success that his technique would be improved by the adoption as a routine procedure of an application which irritates the normal membrane. However, it is possible that the minute percentage of failure in this country may be still more reduced by the employment of such an energetic preparation on the eyes which present the pathological conditions of the conjunctiva so familiar to the Indian surgeon.

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### ***The Relationship of the Anesthetist to the Patient.***

Formerly the importance of anesthesia was minimized to the patient by the operator. Latterly a change has been taking place, not only in the appreciation of the value of proper and safe anesthesia by the operator, but by the patient as well. The relegation of the office of anesthetist to the nurse or some young graduate with little or no experience is no longer to be tolerated by those acquainted with the importance of the procedure.

Much depends upon a proper narcosis, even to the operator. To the patient safe anesthesia is of course paramount. And by safe anesthesia is meant not only that the patient has left the



table alive merely, but that his chance for a recovery has not been lessened by the anesthetic.

The art of properly conducting a narcosis is one that some men never acquire, no matter what the opportunity, just as some men never can become good surgeons, and is one that needs a great deal of experience not only in the art itself but also in the general practice of medicine. He who would become expert must be a good pathologist, and be able to appreciate what effect different disease conditions have upon the administration of the anesthetic, the choice of the agent, the depth of the anesthesia and he must be thoroughly familiar with the different anesthetics. Then he must be able to conduct the narcosis safely to the patient at all times and under all circumstances, and, if possible, in such a manner that the operator will have the best opportunity to complete his work.

Now should the patient treat directly with the anesthetist, or shall the operator continue to assume responsibility for the anesthesia and employ his own anesthetist? Golden, of New York City, has maintained for some time that the patient come to him to arrange for an anesthesia, and there are very good reasons why this should be the general practice. In the first place it allows the anesthetist to make such examination as he thinks necessary to enable him to intelligently choose the anesthetic and administer it. And this is very important. It not infrequently happens that conditions exist which modify greatly the anesthetist's course and which are not noted or appreciated by the surgeon who is busy with another aspect of the case. When one sees the subject for narcosis for the first time at the very minute for beginning the anesthetic, there is not much time nor opportunity for examination or for weighing questions as to choice or method of narcosis. Direct dealing of patient with anesthetist would also make the latter responsible for the safe return to consciousness of the former, and he would be obliged, as he should, to take measures to combat shock. No one should be entrusted with the administration of any anesthetic agent who is not thoroughly capable of treating the effects of such agent. Of course shock also arises from hemorrhage and the direct result of the trauma at times. The direct method of employing the anesthetizer takes the responsibility for such work entirely out of the surgeon's hands where it does not belong. The surgeons operate, they do not anesthetize.



Then lastly, it takes the business side of the question out of the surgeons' care. It has always seemed to us that the anesthetist was underpaid. His work is often of more importance than that of the surgeon. He should be the equal of the latter in training and skill, and yet his work receives a miserable pittance compared to that of the surgeon when he is employed by him. By direct dealing he can adjust his charges to the ability of the patient to pay and the difficulties and dangers to be met and the time to be consumed.

B. VAN S.

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### *A Reaction from Excessive Surgery.*

In the pre-anesthetic and pre-antiseptic days, one could be perfectly sure that when an operation was performed it was clearly and distinctly indicated. It was necessary to save life or to free the patient from intolerable suffering. The agony accompanying the sawing off of a limb or the opening of a cavity, with the patient acutely conscious of everything that was going on; the sepsis and erysipelas often following in the wake of an operation and carrying off thousands of victims, were entirely too serious matters to induce either the patient or the surgeon to invoke the service of the knife, except after long, careful and anxious consideration. With the advent of the miracle of anesthesia a change gradually took place in the patient's attitude. Blissfully unconscious of pain during the most serious manipulations, his consent to an operation was more readily obtained. The surgeon, however, still hesitated, for sepsis still reigned supreme, and union by first intention was the exception. With the advent of antisepsis and with the perfection of its technique a revolution took place. "Revolution" is the only word to express the change that took place in the profession's attitude towards surgical interference, after it had been demonstrated that serious major operations could be performed without a drop of pus resulting and that the mortality was reduced to nil or to an insignificant fraction of a per cent., where formerly the percentage was from 20 to 80 per cent. A genuine *furor operandi* resulted. Everybody was ready, nay eager, to operate. To open the abdomen had become a trifle; to remove an ovary had become a matter of routine, and appendectomy a child's play, often relegated to the house surgeon.

A man would have to be of unsound mind to deny or underestimate the wonderful benefits of anesthesia, antisepsis. But



good and evil are mixed in this world, and every shield has two surfaces. We must confess that anesthesia and antisepsis, by rendering operations painless and safe, have rendered operations too easy—too easy to resist, even when the indications are not clear and positive. It is no use denying, for instance, that thousands of ovaries and thousands of appendices have been removed, which might, for the greater good of the patient, have been left in. And not only in general and abdominal surgery has the tendency to operate without positive indications been noticeable. The same tendency has been holding sway for a long time in the specialties, notably so in rhino-laryngology. But a few years ago ninety-nine out of every hundred noses were declared to be abnormal; here the septum was slightly deviated, here there was a spur, there there was a congested turbinate, etc., and every nose needed the cautery, the snare or the chemical caustic. The throats we also found faulty in most instances. The tonsils had to come out in the largest percentage of cases, and imaginary or actual adenoids had to be scraped. The general practitioner occasionally and mildly protested against what seemed to him unnecessary operative interferences, but his words did not weigh heavily in the balance. He was not a competent, impartial judge. He objected to operations because he was incompetent to perform them.

But recently, during the past two or three years, protests have been uttered by surgeons themselves, and these protests, which point out the limitations and the *remote* dangers of surgery, are producing the wished-for effect. We are inclined to ascribe the beginning of this reaction to Sir Felix Simon, who some two years ago came out very strongly against excessive zeal in rhinological practice. His strictures excited lively and somewhat acrimonious discussion; but the verdict was almost unanimously in his favor, and his lectures which were widely read and commented upon while appearing in the *British Medical Journal*, and also afterward when reprinted in book form, produced considerable effect.

Sir William H. Bennett, himself a noted surgeon of wide experience and mature judgment, recently made certain statements in the annual oration before the Medical Society of London, which deserve the most careful consideration. He frankly states, and deeply deplores the fact, that many operations have with many surgeons degenerated into routine practice. As one of the



illustrations, he takes the operation for the removal of the appendix. Though a routine practice with many surgeons—it should not at all be so lightly undertaken as it is at present. First, the operation itself may cause death (fatal results sometimes do follow an appendectomy even if performed “in the interval”); second, it may not relieve the symptoms for which it has been undertaken; third, the operation itself may cause grave complications, such, for example, as extensive thrombosis. The disease itself—recurring appendicitis—is not as grave as some would make us believe. As proof of it he slyly adds, “It would be easy to indicate a number of persons in the medical profession, who, whilst they are the subjects of recurrent appendicitis, show no great anxiety for operation.”

The case is still worse with operations of a less serious character, operations which in themselves have practically no mortality. Such operations are only too frequently undertaken, when the indications seem very slight or altogether absent. And nevertheless the results following the operation are quite frequently more serious than the original condition. As an illustration Dr. Bennett takes the operation for varicose veins. This operation is performed under the slightest pretext, but frequently with regrettable results. There are cases in which thrombosis, permanent cold extremity, chronic edema, and acute neuralgia follow operation in people who previously had suffered no inconvenience at all.

One great trouble with surgery has been—and this point is an important one, for it is to a great extent responsible for the prevalence of surgery and for the numerous reports of successful cases—that the surgeon has seldom taken trouble to follow up his cases for many years. The operation itself was successful; that is, the patient didn't die, the wound healed by first intention, the patient was up and about for the time being—and the operation was reported as a success. The patient might have been worse in six months or a year—but of this the surgeon is generally in blissful ignorance, because in the majority of cases the patient *does not go to the same surgeon by whom he was operated on unsuccessfully*. And the surgeons report successes in perfect good faith, and those who read the reports are influenced by them and do likewise. And that is why surgery has held such sway. But there are positive and unmistakable signs of a healthy reaction. The surgeons themselves are beginning to study and follow up



their cases and there is hope that in the near future surgery will again take its proper place: as the handmaid, not the master, of medicine.—*Merck's Archives*.

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### ***The Injurious Effects of Tobacco.***

A religious paper has recently drawn a rather far-fetched moral from the fact, as chronicled by the daily papers, that a man in Kalamazoo, Mich., came to his death at 89 years of age as a result of the excessive use of tobacco. It is reported that the victim of the tobacco habit was even more intemperate during his youth than during the latter years of his life, though his tobacconist reports that during the last ten years he smoked 50,000 cigars. The religious paper points to this case as a striking example of the baneful effects following the use of tobacco, and concludes with the broad assertion that the use of tobacco impairs the general health, shortens life and creates moral degenerates. Judging from the fact that in the case cited the man had lived beyond his allotted time in reaching the advanced age of 89 years, and that during all his life he had been addicted to the excessive use of tobacco, it seems a little ludicrous to hear our reformers cite this case as an example of the pernicious and death dealing effects which tobacco has upon the human economy. That tobacco when excessively used is detrimental to health in the majority of individuals cannot be denied by anyone who has had the opportunity of observing pathological changes which can be traced to nicotine poisoning. That the excessive use of tobacco by some is unaccompanied by deleterious effects of any consequence, is also a fact, as evidenced by the case reported from Kalamazoo. On the other hand, it is an established fact that some individuals are more susceptible to the influence of nicotine than others, and that deleterious effects directly traceable to nicotine have been known to follow but a small use of tobacco for a limited length of time. This, however, does not excuse our reformers for their exaggerated statements with reference to the generally injurious effects of tobacco under any and all circumstances. It seems to be the rule among our reformers to grossly magnify the evil effects arising from the use of any stimulant or narcotic, and we have often wondered what is to be gained by such deception. If there is an atom of truth in the assertions, it is lost to the majority of the youth of the country through the



extravagance of statements made and the opportunity offered for proof of such extravagance in statement. Our text-books on physiology in the public schools are in some instances detrimental to the best interests of the youth of the land through exaggerations and misstatements regarding the physiologic effect of alcohol and tobacco. We believe that the youth in our public schools should be taught that alcohol and nicotine under certain conditions are injurious to the health of the individual using them, but we believe in teaching the actual truth about those things and not distorting the facts with a view to frightening the student into a belief that the smallest quantity of alcohol or nicotine taken into the system is going to shorten life and ruin the chances of getting into the Kingdom of Heaven. If our reformers really want to accomplish something they ought to confine themselves strictly to the truth and then their opinions will have some weight.

A. E. B.

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### ***Compulsory Postmortems.***

Every physician must have experienced the feeling that is expressed in the following from a daily newspaper editorial. It is entitled "Compulsory Postmortems—They Would Weed Out Criminally Ignorant Doctors and Add Vastly to Medical Knowledge."

When a human being dies this should be the first thought in the mind of the lawmaker and of the bereaved relatives: how can this death, which now causes individual sorrow, be made useful to all human beings? How can it be made a defense of others in the future?

Every doctor will tell you that invaluable information is lost because a sentimental feeling forbids making postmortem examinations. The fond relatives cannot bear the thought of an operation being performed on the body of one that they loved. It is useless to tell them that the death is mysterious, that an explanation of its cause might save many lives. They think of nothing but the particular individual now dead. Out of sentiment for the one that has gone beyond help, they refuse to help others.

The objections to postmortems are mainly sentimental, but to a certain extent they are fostered by religious beliefs. The same mistaken notions which have led an English bishop to declare against cremation induces many people at the present time to con-



sider an examination of pathologic tissues sacrilegious and resist it with all the power they can exert. We believe, with the editorial quoted, that public opinion should be educated in this matter. "Almost everybody," it says, "now submits the corpse of his friend without hesitation to the process of embalming, which is a repulsive and utterly useless postmortem operation." The fact that a little knowledge of the conditions might be of utmost value to the living is never considered by the public, and yet it is a curious fact that when insurance companies demand an examination there is little difficulty in securing permission. Such is the power of self-interest as opposed to sentiment and religious objections.

What the editorial says in regard to the weeding out of unfit physicians by exposing their mistakes is in part true, though it would be unfair to say that mistakes are confined to the ignorant and unfit. The best of us make mistakes, and we desire postmortems in order to avoid making mistakes in the future. Therefore, any facts which the postmortem reveals which are contrary to the expressed views of those treating the patient before death should be given wide publicity before the medical profession. To give them to the public, however, would, in some cases, work an injustice. Still it would not be a serious harm and competent honest physicians could easily live down any possible temporary discredit that it might bring them.

The editorial further urges that compulsory autopsies would do away with much of the present antivivisection agitation by rendering vivisection useless. This argument has some force, though autopsies could not altogether fill the place of animal experimentation, and we believe that the same sentiment which opposes vivisection would oppose making postmortems a means of adding knowledge. In the main, however, the article quoted in part contains so much good sense that we are glad to endorse it. We wish that every dubious diagnosis could be verified or corrected by an autopsy. The information obtained in such a case would be invaluable, especially in our larger centers where competent operations could be obtained. There is no true physician, we believe, but who would welcome such a regulation. Something, however, can be done in the way of public education as to the necessity and uses of the postmortem examination and more perhaps than by actual regulatory enactment.—*Journal of the American Medical Association.*



## ORIGINAL ARTICLES

No paper published or to be published elsewhere as original  
will be accepted in this department.

### *Some Things to Be Remembered in Surgery.\**

BY  
J. C. ELEMING, M. D.,  
Elkhart, Indiana.

When asked by the president of this society to read a paper I was somewhat at a loss to know what subject to select which might be of interest and possible benefit to its members. In considering the matter I reasoned that if I selected a number of subjects I might strike one or two which would not be altogether common-place to all of you. In doing this I shall not attempt to treat any one subject exhaustively or to display any originality. I shall simply discuss a few subjects in surgery which we meet frequently and in which, in my observations, mistakes are most frequently made.

I wish to first call your attention to the value of hot moist dressings in acute phlegmonous inflammation or cellulitis, particularly of the extremities. Take for instance those infections of the hands or fingers which we so frequently meet. We usually find them with a trivial wound on the hands or fingers, possibly not more than the prick of a pin, with the hand and arm swollen, red and painful, and lines of lymphangitis extending upward toward the axilla. Now these cases, if treated by the method in vogue a few years ago, i. e. by poultices, etc., usually pursue one of two courses; either the infection spreads to the general system, and the patient dies of general septicemia, or suppuration takes place, followed by prolonged convalescence, adhesions and contractions of tendons with resulting deformity of the fingers. On the other hand, if these cases are treated early and vigorously with hot, moist dressings, 85 to 90 per cent. will recover without even suppurating, and in those which suppurate the suppuration will be greatly diminished.

The method of applying hot dressings is probably familiar to most of you. The affected member is surrounded by a large dressing of sterilized gauze wrung out of either a saturated

\*Read before the Noble County Medical Society, September 8, 1903.



solution of boracic acid, or a 1 or 2 per cent. solution of carbolic acid, or a 1-3000 solution of bichloride of mercury. These dressings should be applied just as hot as can be tolerated and should then be covered with oiled silk or gutta-percha tissue to hold the heat. They should be changed as often as necessary to keep them hot, usually every fifteen or twenty minutes.

Equally as important as the hot applications, as in all other inflammations, is the maintainance of absolute rest, and failing to prevent suppuration upon the first positive signs of its appearance early and free incision and drainage, then followed by the hot moist dressings.

The next question which I wish to consider is the value of picric acid in the treatment of burns of the second or third degrees. Those of you who have seen many extensive burns know how prolonged, tedious and unsatisfactory is their recovery. In picric acid I believe we have a remedy which is superior to any that has yet been discovered for diminishing the suppuration and consequent scarring, and for stimulating the growth of granulation tissue as well as hastening the healing process. I have frequently applied picric acid solution side by side with the other usual remedies for burns, and its superiority over the other remedies is really remarkable. Those parts on which the usual dressings were used I would find bathed in pus and healing greatly retarded, while in those parts where picric acid was used I would find almost no pus and a rapid development of healthy granulation tissue. The picric acid solution is also very efficient in relieving pain. The solution is made by dissolving one and one-half drams of picric acid in three ounces of alcohol and then adding two pints of water. I have recently used this in suppurating wounds other than burns where I desired to control suppuration and hasten the development of granulation tissue, and its effect is really greater in those respects than any antiseptic I have ever used.

The last subject which I wish to discuss is the treatment of gunshot wounds. When we read in the daily papers, as we frequently do, that Mr. X was accidently shot in the abdomen, and that Dr. A. and Dr. B were unable to locate the bullet after probing for half or three-quarters of an hour, we must conclude that at least all the doctors do not understand the modern method of treating bullet wounds. There is practically unanimity on the question of probing bullet wounds. The use of a probe in a bullet wound is very bad surgery, with one possible exception which I



will mention later. The reasons for this is obvious. It has been definitely proved that in the very large majority of cases bullets in the extremities do no harm and that attempts to locate them by probing are usually unsuccessful. The probe simply pushes bits of clothing, or whatever has been carried in by the bullet, deeper into the wound, and the trauma incident to the use of the probe greatly increases the liability to suppuration. Infection of gunshot wounds other than abnormal is usually due to uncleanness on the part of the attending surgeon. If let alone they rarely suppurate.

Gunshot wounds may be conveniently divided into, 1st, those of the extremities; 2nd, those of the thorax; 3rd, those of the abdomen and 4th, those of the brain. I wish to consider gunshot wounds only as applied to civil practice, as comparatively few of us will ever have an opportunity of observing gunshot wounds in war. The two most important dangers of gunshot wounds are infections and hemorrhage, therefore the two most important indications in treatment are, 1st, to prevent infection, and 2nd, to maintain absolute rest for a considerable period of time. The importance of this last measure has been very forcibly demonstrated during the late Spanish-American and South African Wars. Surgeons found that where it was necessary to transfer wounded soldiers any distance that the mortality from hemorrhage was greatly increased, and that this was especially true in wounds of the chest.

Given a wound of one of the extremities, we should sterilize the field surrounding the wound for a distance of 6 or 8 inches in the usual manner, i. e. shaving, thorough scrubbing, alcohol, carbolic or bichloride solution, the surgeon's hands having previously been subjected to the same process. A dressing of iodoform, carbolic or plain sterilized gauze should be applied, the patient put to bed and absolute rest maintained for a week or two. The only indications for attempting to remove the bullet at the time of the injury are, (1) when it can be felt distinctly just below the skin; (2) during the occurrence of profuse hemorrhage, when one has to open the wound to tie a blood vessel. Then the bullet may be searched for and, if accessible, removed. Under no circumstances is the use of the probe justifiable in wounds of the extremities. In over 90 per cent. of these cases this line of treatment is all that is necessary. In a small percentage of cases it becomes necessary to locate and remove the bullet later. The



conditions which require this are (1) pain, usually due to pressure on a nerve; (2) suppuration; (3) interference with function of a muscle, nerve or joint. Under these conditions the bullet should be carefully located by the X-rays and removed.

Gunshot wounds of the chest in patients who do not die within a few hours from hemorrhage, if treated promptly, usually recover. The complications, hemo-thorax, pneumonia and abscess of the lung are rare and are usually due to probing or failure to maintain absolute rest. In bullet wounds of the chest the external wound should be carefully sterilized, a sterile dressing applied and that side of the chest immobilized by adhesive plaster, the patient put to bed, and the cough controlled if necessary by morphine. Hemorrhage from the intercostal vessels is nearly always controlled by strapping the chest. Aspiration of the pleural cavity is necessary when severe dyspnoea and other signs of pressure in the lung develop. The occurrence of thorax, or abscess of the lungs, requires early resection of the rib and thorough drainage. Under no circumstances is it permissible to use a probe or attempt to remove a bullet from the lung substance even after locating it with the X-rays.

Gunshot wounds of the abdomen are, (a) penetrating, (those in which the abdominal cavity is entered but without injury to its contents) or (b) perforating, in which some viscus or its mesentery or omentum is wounded. Over 90 per cent. of gunshot wounds of the abdomen are perforating, and in a very large percentage of these the intestines are injured, and these cases, if not operated on promptly, nearly always die. Military surgeons claim that it is possible with the small calibre nickel-plated bullets of high velocity now in use to have one or more perforations of the intestine which are so small and so slightly lacerated that they heal spontaneously, but this is not true with the lead bullet usually seen in civil practice. A perforation of the stomach or bowels from a gunshot wound, if not operated on, practically always ends fatally, and the gravity of the prognosis increases in a direct ratio with the number of hours which have elapsed between the receipt of the injury and the operation. Now, if perforated wounds of the abdomen not operated on are nearly always fatal, and if simple penetrating wounds are not, the question arises, how shall we differentiate them? How can we tell if the bowel is perforated or not? There is always one way—by exploratory laparotomy. If we wait for positive signs of perforation to de-



velop, the time for operation with fair hope for recovery is past. Therefore, in all gunshot wounds of the abdomen the indication is to operate, and operate immediately. The patient should be prepared for laparotomy as rapidly and as thoroughly as possible, anaesthetized, and the wound enlarged and followed down to see if the peritoneal cavity has been entered. If the peritoneum is intact the bullet should be removed and the wound closed in the usual way with a small gauze drain along the track of the bullet. If the bullet has entered the abdominal cavity the wound should be sufficiently enlarged and a thorough and systematic examination made of the abdominal viscera which would be liable to be in the track of the bullet. In this connection allow me to emphasize the importance of a thorough search for all the perforations, as post-mortem examinations show that in the cases which are operated early, i. e. within twelve hours after the injury, and die, that death is usually due to failure to locate all the perforations. Any perforation should be immediately protected with a gauze pad, and, if small, closed by a Lembert silk suture, or if so large that the resulting scar would be liable to produce a stricture of the bowel, or if the mesentery arteries were wounded so that gangrene of the bowel would be liable to result. (As you all probably know the mesentery arteries are end arteries, and their injury usually results in a gangrene of the corresponding segment of the bowel.) I say, if either of these conditions exist, a resection of the bowel is indicated. This can be done either with the Murphy button, or the Connell suture, depending on the condition of the patient. Where time is a very important element, the Murphy button is indicated, but, if time will permit, I believe the Connell suture is safer. Equally as important as closure of the perforations is careful hemostasis. In fact this is sometimes the most important indication, as we often find the patient bleeding to death in his own abdomen. This suggests another point which I wish to emphasize. We sometimes find these cases in a condition of profound shock and the question arises, "Shall we wait until the symptoms of shock have subsided?" No. Because shock in gunshot wounds of the abdomen practically always means internal hemorrhage and to delay is usually fatal. We should administer a subcutaneous injection of salt solution and operate at once. Having closed the perforation and stopped the hemorrhage, the abdominal cavity is thoroughly flushed out with salt solution, and closed in the usual way and a gauze or tubular drain inserted.



Some operators do not drain unless there is a special indication for it, as in hemorrhage, extravasation of intestinal contents, etc., but a small drain, removed in two or three days, rarely does any harm, and in a condition in which the danger of peritonitis is so great I believe it is safer to drain. The free use of subcutaneous saline injections after the operation greatly increases the patient's chances of recovery. While early operation is the only means which offers us much encouragement, still the indication remains the same with those cases which have developed general peritonitis, as this is the only procedure which offers any hope for recovery. With early operation, under favorable surroundings, we may expect a mortality of 25 to 35 per cent., and without operation, a mortality very close to 100 per cent.

I mentioned at the beginning of my remarks that there was only one location where the use of a probe was permissible. This is in gunshot wounds of the brain, and then not in the manner it is usually used. Whether to attempt removal of a bullet from the brain or not, has long been a mooted question. It is now quite definitely settled that it is far better, both as regards immediate mortality and ultimate complications, to remove the bullet if possible, and the fear of exploring the brain which existed a few years ago has passed away, and it has been proved that probes, exploring needles and even drainage tubes can be passed in almost any direction through the brain tissue with comparative impunity. The cardinal principles to remember in gunshot wounds of the brain are: (1) Shave the whole head. (2) The wound of entrance should be enlarged by trephine or bone forceps, and all hemorrhages from meningeal vessels stopped. (3) The bullet should be removed if possible, even if a counter opening is necessary. (4) The entire path of the bullet should be disinfected and thorough drainage established, even if a counter opening is necessary and if the drainage tube should traverse the entire brain.

Given a gunshot wound of the brain, the entire head should be thoroughly shaved and disinfected, and then placed in such a position that the probable direction of the bullet wound will be vertical. The skin wound is now enlarged, and the opening in the bone enlarged either by trephine or Rongeur forceps, and any small spiculæ of bone removed. After hemorrhage from the membranes has been stopped, an attempt is made to locate the ball with either Fluhrer's aluminum gravity probe or Girdner's



telephone probe. The former, which is more frequently used, will follow the track of the bullet by its own weight without making false passage if the head is so placed that the path of the bullet is vertical. If the bullet is not too deep, it may be removed through the wound of entrance by a bullet forceps. If, however, it has penetrated so far as to be more accessible from the opposite side of the skull, unless important centers lie in the way, a counter opening should be made on the opposite side of the skull at the point at which the probe would emerge if pushed through. Before the probe is pushed into the brain, its length should be measured. Then, if it touches the ball, by measuring the protruding part of the probe, the difference in the two measurements will give the depth of the bullet from the surface. Pushing the probe on through to the counter opening and again measuring the part protruding from the wound of entrance, and subtracting this from the measurement of the protruding part, when the ball was touched, gives the depth of the bullet from the counter opening. Two strands of aseptic silk are now attached to the probe and the probe is pushed entirely through the counter opening and the strands of silk left in the track of the wound. To one of these is attached a small gum catheter having within it a straight stylet to give it rigidity. This is used as a guide for searching for the ball, the catheter preventing the forceps from striking the metallic stylet and misleading one as to the location of the bullet. A pair of forceps is now tied to the catheter and the ball is searched for at its known depth in all directions from the catheter, using as little force and inflicting as little trauma to the brain tissue as possible. After searching on one side of the catheter, the forceps should be withdrawn and reinserted before searching on the other side, to avoid unnecessary injury to the brain. In case the ball has struck the opposite side of the skull and rebounded in another direction, the wound made in the meninges should be located and from this as a starting point a new search is made with the gravity probe as before described.

Having located and removed the bullet, a small drainage tube is attached to the second strand of silk, and drawn through the wound, and left to traverse the entire track of the bullet and removed in two or three days. If unable to locate the bullet, the tubular drain should be inserted and left several days.

The mortality of gunshot wounds of the brain is well represented in Wharton's analysis of 316 cases, in 106 of which the



bullet was removed with a mortality of 32 per cent., and in 210 of which the ball was not removed and 58 per cent. died. Of those who lived, out of the latter class, ten died later from the effects of the ball, and in many others epilepsy and mental derangement developed, thus indicating that it is much better if possible to remove the ball.

In conclusion allow me to summarize the points which I wish to make as follows:

1. Importance of hot moist dressings in cellulitis.
2. Value of picric acid solution in burns of the second and third degrees.
3. As a general proposition, probing of bullet wounds is bad surgery.
4. Gunshot wounds of the extremities and chest require simply watchful expectancy.
5. Gunshot wounds of abdomen require immediate laparotomy.
6. Gunshot wounds of brain require operative interference and removal of bullet if possible.

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***Dr. James F. Hibberd.***

***Obituary.***

Dr. Jas. F. Hibberd's funeral was held in the Friend's Meeting House at Richmond, Ind., on Sept. 11. The services were conducted according to the custom of the Friends. The remains were interred in Earlham Cemetery.

The following sketch of the life of Dr. Hibberd and comments upon his character and influence was made by Dr. Miles F. Porter of Fort Wayne:

James F. Hibberd was born near New Market, Frederick county, Maryland, on Nov. 4, 1815. In 1839-40 he began attending lectures in the medical department at Yale College, and in 1840 he began practicing at Salem, O. In 1848 he entered the College of Physicians and Surgeons, New York, from which he was graduated the following year. He was immediately appointed surgeon of the steamship Senator which made a trip to the Amazon river, Rio Janiero, St. Catherines, Patagonia and Chile and the Pacific coast of South and Central America, thence to San Francisco, the voyage consuming seven and a half months. Dr. Hibberd remained in the last named city until 1855, practicing medicine and dealing in real estate. He then spent a year in New



York reviewing his medical information. In 1856 he opened an office in Dayton, O., but shortly afterward removed to Richmond. During the season of 1860-61 he filled the chair of physiology and general pathology in the Ohio Medical College, Cincinnati.

Dr. Hibberd was a member of the City, County, District, State, Tri-State, Rocky Mountain and American Medical Associations, and has been the president of each, the last named association having conferred that honor on him at Milwaukee in 1893. He wrote a number of medical essays and within the past few years reviewed a large number of medical books for a prominent journal. Outside of his medical work he spent the years 1869-70 in European travel, served in the Ohio State Legislature two years, served in the Richmond City Council two years, served one term as mayor of the city, was a member of the Ohio Grand Lodge of Odd Fellows, and served as high priest in the encampment at Dayton, O. For nineteen years he was county health officer, from which position he retired of his own accord in 1898. In appearance he much resembled the late William E. Gladstone.

As we of the medical profession knew him, Dr. James F. Hibberd was mild in manner, unostentatious, consistent, steadfast in purpose. Of keen perception, broad minded, warm hearted—in a word, great of soul. A friend and champion of right and an implacable foe to evil. The power for good of a life spent as was Dr. Hibberd's is incalculable. It is cumulative in character and ends not with death.

Dr. Hibberd was a good man and a great one, and more, for he was a great physician. He was a hard worker in his profession and a regular attendant of medical societies. He was honored with the highest offices within the gift of his profession, having been president of his County Society, of the District Society, Tri-State Society, Rocky Mountain Society, of his State Society and that greatest of all societies, the American Medical Association.

He grew in wisdom as he grew in years and hence never became, as some do, fossilized. He was not the light of the meteor, startling the world with its sudden brilliancy, but the light of the sun, far reaching, steady, illuminating, warming, and vivifying the whole profession, its influence increasing from his youth to reach its maximum at the noonday of life, declining then only in obedience to the inexorable law of nature and setting in quiet grandeur in this world only to rise with increased splendor in eternity.

Dr. Hibberd has paid in full the "debt of love he owed to all mankind, both rich and poor." "Love, faith and hope" were the guiding stars of his life. Faithfully "he served God." Richly merited is the reward to which he has gone—an eternity of rest and peace.

M. F. P.



# SOCIETY PROCEEDINGS

## *Indiana State Medical Association.*

The reorganization of the county medical societies of Indiana, in accordance with the plan proposed by the American Medical Association and recently adopted by the Indiana State Medical Association, is progressing as rapidly as could be expected. It is customary for many medical societies to hold no meetings during the hot summer months, and accordingly the work of reorganization received but little attention previous to the adjournment of the societies for the summer. Up to date the following sixteen counties have either reorganized the existing county society or started a new society under the new plan: Allen, St. Joseph, Marion, Whitley, DeKalb, Delaware, Madison, Bartholomew, Johnston, Jackson, Jennings, Jay, Montgomery, Jefferson, Switzerland and Noble.

Under the new plan all of the reorganized societies have increased their membership, and it is fully expected that during the winter they will make still further additions to the rolls. Nearly all of the councilors for the thirteen districts have begun active work, but much will depend upon their efforts if all of the county societies in the State are to be properly organized before the next meeting of the Indiana State Medical Association to be held in Indianapolis, in May, 1904. Every councilor is expected to visit the county societies in his district at least two or three times a year, and assist in the work of organization and offer suggestions in building up the interests of the society. While much will depend upon the enthusiasm and activity with which the councilors enter into this work, yet no small credit will fall to the officers of the county societies in bringing every reputable physician into the various county societies. The officers of the Council are now advising that every county society have a membership committee whose duty it shall be to use every available means for securing applications for membership from all reputable physicians who are not now members of any county society. These membership committees should send out cordial invitations to the medical men of the county who are not members of any society, and enclose an application blank. Disappoint-



ments will at first be experienced, but repeated efforts should be made until finally every physician of good reputation finds it to his interest to identify himself with the medical organization of the county in which he lives.


The annual meeting of the Indiana State Medical Association will be held at Indianapolis, Thursday and Friday, May 19 and 20, 1904. If the councilors and officers of the various county societies in the State do their work well in securing an increase in the membership in the various county societies, the Indianapolis meeting will be the largest and most important medical gathering ever held in the State. There ought to be a membership of 3,000 in the State Association at the time of the next meeting, and we shall be greatly disappointed if there are not 2,500. The officers for the year are as follows: President, Jonas Stewart, Anderson; Vice President, Charles A. White, Danville; Secretary, F. C. Heath, Indianapolis; Assistant Secretary, C. T. Hendershot, Cannelton; Treasurer, Albert E. Bulson, Jr., Fort Wayne.

Council—First District, W. R. Davidson, Evansville; Second District, George Knapp, Vincennes; Third District, C. T. Hendershot, Cannelton; Fourth District, George T. McCoy, Columbus; Fifth District, M. A. Boor, Terre Haute; Sixth District, J. C. Sexton, Rushville; Seventh District, W. N. Wishard, Indianapolis; Eighth District, G. W. H. Kemper, Muncie; Ninth District, Paul J. Barcus, Crawfordsville; Tenth District, George H. Keiper, Lafayette; Eleventh District, Robert Hessler, Logansport; Twelfth District, Albert E. Bulson, Jr., Fort Wayne; Thirteenth District, C. A. Daugherty, South Bend.


Officers of the Council—President, W. N. Wishard, Indianapolis; Secretary, Albert E. Bulson, Jr., Fort Wayne.







## NEWS NOTES *and* COMMENTS



### *Paraffin in Plastic Surgery.*

The editor of the *Therapeutic Gazette* says that though much has been written concerning the use of paraffin in plastic surgery, particularly of its cosmetic effects in correcting malformations of the nose, the method has not achieved the popularity which its essential merits deserve, nor is the practicing surgeon commonly familiar with the detailed method of its application. Quoting Paget (*London Lancet*) he warns the novice against experiments upon the living, holding that the whole performance should be thoroughly rehearsed beforehand. The paraffin used is sterilized by boiling before being put in bottles, and should have a melting point between 108 and 115 degrees Fahrenheit. Ordinarily an anti-toxin syringe works fairly well for the injection, though in those instances where considerable pressure must be exerted, so that the paraffin will be distributed very accurately, a special syringe is required. When ready for the operation the paraffin, previously sterilized, is melted by putting the bottle containing it in water that is well above the melting point of the paraffin. The sterilized syringe is then filled and held under hot water while the needle, previously boiled and taken from a boiled solution, is screwed on. The injection is then made. In remodeling a sunken nose, Paget says that a good result can be secured so long as the needle can be inserted between the mucous membrane inside and the skin outside. The skin must be loose and not cicatricial. If the skin can be raised by the fingers and drawn forward into position it is quite certain that the paraffin injection will be successful. The most favorable cases are those in which there is an abundance of loose sunken skin, and fair length of face between the forehead and the mouth, and a well-shaped and refined tip to the nose. The most unfavorable cases are those where the nose is shrunken, shrivelled, and crumpled up by old syphilitic necroses. In some cases it is necessary to straighten the nose or do plastic operation before using the paraffin, and sometimes injections have to be repeated two or three times. The needle is inserted low down, just above the tip of the nose, in or near the middle line, and is pushed upward. Just before making the injection the needle



should be dipped for six or eight seconds in water that is just off the boil. During the injection the assistant presses his fingers and thumbs hard and tight over the forehead and eye brows and the inner angles of the orbits and the sides of the nose, keeping out the paraffin by hard pressure from these forbidden regions. After having made the injection and after watching for a few minutes to allow the puncture to seal, the syringe is withdrawn and put in a water bath, and the nose is molded vigorously while the assistant lets cold water trickle over it. The molding should not be done too gently and should be continued for ten or fifteen minutes until everything feels absolutely hard. Then a mask of cold wet lint is placed over the face and is changed frequently. The ease with which this method is applied and the comparative safety, the admirable results which it has yielded in suitable cases, make it a source of surprise as to the slowness with which it has been accorded general recognition and adoption.

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#### ***Opening of the Fort Wayne College of Medicine.***

The twenty-fifth annual session of the Fort Wayne College of Medicine opened on Tuesday, September 8, with a large class in attendance. In accordance with the recent ruling of the State Board of Medical Examination and Registration, the entrance examination for entrance to the College was given by a member of the Board. The session for the year 1903-04 will continue, except for the usual holiday vacations, for seven months, ending with the commencement exercises on April 19, 1904. The faculty consists of thirty-five professors and lecturers. Dr. C. B. Stemen is Dean, and Dr. S. H. Havice, Secretary of the College. The Board of Directors consists of Drs. Miles F. Porter, President; C. B. Stemen, Vice President; W. O. Gross, Secretary; A. E. Bulson, Jr., Treasurer; S. H. Havice, Registrar.

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#### ***Large Doses of Strychnine.***

In a recent number of the *Boston Medical and Surgical Journal*, Dr. G. M. Hammond advocates the treatment of degenerative diseases of the nervous system by massive doses of strychnia, this treatment being especially applicable in tabes dorsalis, progressive muscular atrophy, optic nerve atrophy, and pseudo-muscular hypertrophy. The amounts given by Hammond are large, the maximum dose of strychnia being two-thirds of a grain



three times a day, beginning with one-fortieth to one-fiftieth grain. The method of action assumed is that the strychnine improves the nervous system in such a way as to arrest degeneration. Cases are reported in detail and results are favorable. In no case, however, was the patient completely restored to health nor was that expected. All he claims for the method is that it may in some cases arrest degenerative processes in diseases which have hitherto been regarded as hopeless.

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### ***Anaesthesia in Early Days.***

After the use of anæsthesia had been generally adopted a well-known physician at Mannheim applied it in a severe case of obstetrics and was driven out of the country by the clergy because he had violated the commandment of the Bible that women shall bear their children with pains. (From Dr. Russel's paper on "Reminiscences of Half a Century Ago.")—*Merck's Archives*.

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### ***Circulation of the Journal of the American Medical Association.***

During the year ending June 27, 1903, the average weekly issue of the *Journal* was 27,578.

The number of sample copies sent out by the editor does not average 5 per cent. of the total output.

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### ***Death of Dr. Hibberd.***

Dr. James Farquahr Hibberd died at his home in Richmond, Ind., on Sept. 8th, after a long illness. He was 86 years of age, having been born at Monrovia, Md., Nov. 4, 1816. He received his medical education at Yale University, and the College of Physicians and Surgeons of New York, from which latter college he received his degree in 1849. Immediately after graduation he went to California where he remained as a practicing physician for six years. In 1855 he spent a year in post-graduate duty in New York, and the following year located in Richmond, Ind., where he remained until his death. Early in his career he was one of the officers of the Ohio State Medical Society, and later was President of the Indiana State Medical Society and of the Wayne County Society. He was a member of the American Medical Association since 1863, serving as its first vice-president in 1865, and as its president in 1894. During 1875-76 he was mayor of



Richmond. He has also been a member and at various times an officer of a large number of medical societies and other scientific associations. He was recognized as a man of broad culture and scientific attainments, sterling character and genial and companionable disposition. He leaves a wife and one son. A more complete history of his life appears in this issue of the *Journal-Magazine* from the pen of Dr. Miles F. Porter.

At a special meeting of the Allen County Medical Society Dr. Miles F. Porter was appointed to represent the Society at the funeral of Dr. Hibberd in Richmond. The following resolutions were adopted:

“Whereas, In obedience to the inexorable law of nature the life of Dr. J. F. Hibberd, of Richmond, has gone out, and

“Whereas, Dr. Hibberd was a great and good physician, honored by his profession and loved by all who knew him, and

“Whereas, In the death of Dr. Hibberd the profession of medicine has lost one of its best members, humanity one of its kindest friends, and the state one of its most valuable citizens, therefore be it

“Resolved, That we, the members of the Allen County Medical Society, in a special session assembled, do hereby express our great sorrow at the loss of our brother, whose companionship and counsel we shall sadly miss, and be it further

“Resolved, That we extend to his family our sincere sympathy, and be it further

“Resolved, That a copy of these resolutions be sent to Dr. Hibberd’s widow and that they be spread upon the records of the Allen County Medical Society.

(Signed)

“MILES F. PORTER,

“G. L. GREENAWALT,

“ALBERT E. BULSON, JR.

“Committee.”

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### ***Daily Medical Journal.***

It is announced that a daily medical journal is soon to be published in New York by Albert W. Ferris and six other New York physicians. It will now be in order for Chicago to start the publication of a morning and an evening medical journal, when St. Louis will probably publish a tri-daily.



*Personals.*

Dr. C. B. Stemen, Fort Wayne, is spending his vacation in Colorado visiting his son, Dr. Geo. C. Stemen, at Denver.

Dr. Maurice I. Rosenthal, Fort Wayne, has been spending several weeks in Northern Michigan in rest and recreation. He expects to return home and resume his work October 1st.

Dr. Albert E. Sterne, Indianapolis, has been elected editor-in-chief of the *Medical and Surgical Monitor*. It goes without saying that Dr. Sterne will make an able editor, as he is well fitted for the position by education and natural talents.

Dr. W. N. Wishard, Indianapolis, has recently returned from an extensive foreign trip. He has resumed his practice, and incidentally the great amount of work connected with reorganization of the medical profession in Indiana, in accordance with the plans adopted at the last meeting of the Indiana State Medical Association.

Dr. A. W. Brayton, Indianapolis, the accomplished editor of the *Indiana Medical Journal*, has been seriously ill for several weeks following an operation for extra peritoneal abscess. We are pleased to note that the last reports from the attending physicians are to the effect that Dr. Brayton will make a slow but uninterrupted recovery.

Dr. Geo. W. McCaskey, Fort Wayne, is still confined to his wheel chair as a result of a sprain of the left knee joint occurring in June. For thirteen weeks he has not been able to be on his feet, but with his characteristic energy he has in a large measure taken care of his extensive office consultation business. His friends will be glad to know that he now shows signs of improvement and that he expects to be in his usual health in a very short time.





## MEDICAL REVIEWS

### Department of Medicine and Therapeutics

In Charge of George W. McCaskey, A. M., M. D.

Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

#### *Cardiac Neuroses.*

Pick, in his capacity as the chief of the Vienna Military Hospital, observed 41 soldiers between eighteen and thirty years of age, with a syndrome of symptoms approaching the character of Basedow's disease, but at the same time differing so essentially from it as to merit special consideration. The patients suffer from palpitation and oppression at the least effort, and complain of muscular fatigue. At the physical examination they all presented symptoms of a certain degree of a hypertrophy of the thyroid gland, usually of the left lobe, but the goiter was never pulsatile. The pupils are unequal, the right one rather dilated, but reacting to light; the mydriasis can hardly be ascribed to pressure of the right sympathetic through the lobe of the thyroid for the hypertrophy of the latter is too insignificant to cause such disturbance. All the subjects suffer from a very irritable heart, and the slightest effort suffices to increase abnormally the heart beats; so that in one minute the beats will jump from 70 to 140 per minute. The heart, as asserted by Kraus in other cases of thyroid hypertrophy, is rather dilated than hypertrophied. The cutaneous capillaries are very irritable and all the patients present marked dermography. Axillary hyperidrosis, anesthetic pharynx, but without other symptoms of hysteria. Some show tremor of hands when extended with eyes closed, others some cardiac arrhythmia. Unable to form a positive diagnosis the author supposes the syndrome of symptoms to be a disguised form of Basedows.—*Jour. Ner. & Men. Dis.*

#### *Hydrotherapy.*

The benefits to be derived from hydrotherapy are dilated on by Rossiter, in *Medical Record*, who enumerates the various methods;

The shower, the spray, hot or cold; the douche, hot or cold, alternating and percussion; local or general, named according to area treated; the Brand bath, Bouchard bath, or graduated bath,



the neutral bath, half bath, hip or sitz bath, leg bath, foot bath, arm or hand bath, simple sponging, friction, towel rubs, wet sheet rubs, pail pours, hot or cold compresses, named according to location, alternating compresses, evaporating and nonevaporating compresses, the moist girdle, fomentations, the dry blanket pack, hip and pelvic pack, leg pack, wet sheet pack, enemas and effusions. All of these treatments are applicable to the home excepting the Brand Bath, the graduated bath, the sprays and the douches.

By the employment of one or more of these measures or combinations the following effects may be obtained; tonic, local or general, sedation, antispasmodic, nutritive, eliminative, diuretic, expectorant, antipyretic, hemostatic, emmenagogic, analgesic, vasodilator, vasoconstrictor, hypnotic.

Among the diseases which are benefitted by this treatment are gastrointestinal disorders with a chronic tendency, dyspepsia, gastritis and enteritis (which can be decidedly relieved by the author's method,) heart disease, chronic nephritis and especially chronic functional disorders. Among the hints he gives is one that the ice bag be applied to the precordium at bedtime with cold friction will almost invariably give the patient immediate sleep when insomnia is apparently due to atonic condition of the blood vessels and consequent cerebral congestion in the horizontal posture. For the constipation, which is very common in gastrointestinal disease, he finds the wet girdle one of the most effective measures.—*Jour. A. M. A.*

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#### ***The X-Rays in Lupus, Rodent, Ulcer and Other Skin Diseases.***

Morris and Dore (*British Medical Journal*, June 6, 1903,) who have, on a previous occasion, given their views in the same publication, conclude from more recent work that the X-ray treatment, while it has a well defined sphere of usefulness, is, in the case of lupus vulgaris, much inferior in curative efficacy to Finsen's light treatment. The use of X-rays, however, supplies certain deficiencies of the Finsen light treatment, as they can be applied to cavities inaccessible to the latter. In the treatment of lupus of mucous membranes the X-rays are more effective, and also for the healing of ulcerated areas, as well as for the relief of pain. As to the permanency of good results obtained, opinions must be cautiously expressed. In rodent ulcer, relapses, after a varying period, are the rule.—*The Amer. Jour. of Mec. Science.*



*Stokes-Adams Disease.*

Osler, in *London Lancet*, defines Stokes-Adams disease as a clinical condition characterized by (1) a profound disturbance in the automatic mechanism of the heart—true bradycardia, hemisystole, and allorhythmia; (2) nervous symptoms—vertigo, syncope, etc.; and (3) secondary symptoms—Cheyne Stokes breathing, angina pectoris, etc.

The post-mortem lesions are inconstant. The condition was first described by Adams in 1827, and more fully some years later by Stokes. A slow pulse is met with under several conditions, as follows: (1) Physiological—it is stated to be more common in dark races, and is a normal occurrence in old age. (2) Neurotic, (a) organic disease of the brain, cord, or nerves. (b) Functional, as in melancholia, hypochondriasis, and neurasthenia. (3) Toxic; (a) in organic poisons such as lead; (b) bacterial poisons, as in typhoid fever; (c) vegetable poisons, such as digitalis; and (d) metabolic poisons, as in uræmia, jaundice, etc. (4) Cardiac and cardiovascular lesions. A large majority of the cases of bradycardia come under this latter head; so that Stokes-Adams disease is really a syndrome, or symptom complex, and not a distinct disease. The cases may be arranged in three classes:

1. Post-febrile group. Following, more rarely in the course of, an acute infection, such as typhoid fever, diphtheria, etc.

2. Neurotic group. Either with coarse lesions of the nervous system (pressure from injury or tumor), or without recognizable lesions.

3. Arteriosclerotic group. With obvious changes in the circulatory symptoms. In this group occurs the great majority of cases. The author reports a series of twelve cases; of these five were very severe and acute, four were senile cases, two were mild cases in young adults, and one followed a streptococcus infection. All the patients were men. The severe cases were in the presenile stage and presented well-marked cardio-vascular lesions. Among the various cardiac symptoms described, two are of interest, "heart-block" or independent auricular systole without corresponding ventricular contractions, the jugular pulsations being double the cardiac; and cardiac arrest, the heart ceasing to beat for as long as thirty-five seconds, the patient recovering from the attack. The commonest nervous features are vertigo, syncope, pseudo-apoplexy, and epileptic seizures. In all cases the prognosis is bad, yet recovery may take place in young persons. The disease may last for many years. Death takes place suddenly. Treatment is symptomatic, though the iodides may do good in a few cases.—*New York and Philadelphia Medical Journal.*



# DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.  
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

## *Pruritus.*

Salicylate of sodium, two drachms in a pint of water, applied freely to the skin, will allay general pruritis—itching.—*Med. Summary.*

## *Habitual Abortion.*

R. Remy (*Semaine Med.*) has obtained good results from the internal administration of potassium chlorate in cases of habitual abortion occurring in young women, not syphilitic, and in whom no infectious disease or local uterine trouble existed. Upon the diagnosis of pregnancy being made, the patient is put on daily doses of three grains of potassium chlorate which is continued throughout the period of gestation, the dosage being decreased half a grain during the latter week of pregnancy. No untoward effects were observed.—*St. Louis Currier of Medicine.*

## *Anesthesia in a Crowd.*

It is never wise to anesthetize a patient in the presence of many people. It renders them more agitated and nervous. It is preferable to anesthetize in an adjoining room, or to cause all but the anesthetist and one assistant to leave the room until the patient is thoroughly under the influence of the anesthetic.—*International Journal of Surgery.*

## *Treatment in Acute Peritonitis.*

Maurice Richardson uses salines at the beginning of the attack to secure free watery evacuations. Calomel, one-fifth grain every hour, will at times produce satisfactory discharges. Opium should be given only when indispensable for unbearable pain. The surgical treatment consists in removal of any special cause, and incision, irrigation, cleansing and drainage.—*Denver Medical Times.*

## *Rest in Injuries of the Hand.*

In every severe injury of the hand or fingers perfect rest is desirable, and it is always of advantage to place the hand on a splint so that the patient will be unable to use the fingers.—*International Journal of Surgery.*



***Perineal Prostatectomy.***

Senn, in a recent article (*Journal of the American Medical Association*, August 15, 1903), regards the perineum as the preferable route in prostatectomy and advises an incision like an invested Y. It is really a bilateral lithotomy incision from the apex of which there extends forward a median incision. This gives more room than any of the other incisions and renders the operation easier and safer. The urethra is incised and the index finger introduced into the bladder through this incision and is used, instead of an instrument, for putting the prostate within reach. It is important to stop hemorrhage as it is encountered in order that the field may be practically bloodless. The wound is retracted laterally and posteriorly. The posterior retractor holding the rectum out of the way. The capsule of the gland is incised transversely. Each half of the gland is enucleated and removed separately. Very often enucleation is impossible when morcellement must be resorted to. This is accomplished by grasping portions of the gland with suitable forceps which are then handed to an assistant who makes traction while the operator removes the piece with scissors blunt-pointed and curved on the flat, the other hand of the operator being engaged in bringing the prostate down as above described. Removal without a preliminary urethrotomy is not regarded as wise inasmuch as drainage is usually necessary to cure the cystitis, and attempts to remove the prostate without opening the bladder often fail, when we have to deal with a lacerated bladder wound. The perineal wound is drained with a gauze wick and the bladder with a soft rubber tube. The rest of the wound is closed. The gauze drain is removed in four or five days and the rubber one when the condition of the urine is such as to warrant it. Extreme age, extensive atheromatous degeneration of the arteries, and serious organic disease of important viscera are contra-indications. The present technique, the author thinks, will be much improved.

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***New Method of Treating Persistent Vomiting of Pregnancy.***

Condamic (*Med. Press and Circular*) regards the vomiting of pregnancy as an evidence of intoxication and treats patients suffering thus by having them abstain totally from food for from eight to ten days; gives per rectum daily injections of three to four liters artificial serum in quantities of 300 grammes either with or without opium. If the rectum is intolerant the serum is given hypodermatically. After 10 or 12 days feeding by the mouth is gradually resumed. In the hands of the author this treatment has rendered the induction of abortion unnecessary.



## DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.

Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort  
Wayne College of Medicine.

### *Spasmodic Torticollis Successfully Treated by Hypodermic Injections of Atropine.*

Potts reports in the *University of Pennsylvania Medical Bulletin* for April, 1903, his experience with this plan of treatment. As he well says, the most obstinate, therapeutically, of the so-called functional diseases of the nervous system is spasmodic torticollis. While surgical treatment consists in cutting the affected muscles and the nerves supplying them—i. e., usually the sternomastoid of one side and the posterior rotators of the other, and the corresponding spinal accessory and the first three posterior branches of the cervical nerves—is most frequently effectual, even it sometimes fails.

Before resorting, however, to surgical measures, medical treatment for various reasons may be deemed advisable, and a great variety of drugs and other therapeutic measures have been employed, all with some degree of success. Among these measures, which may be combined, can be mentioned absolute rest in bed with the head low; massage; passive movements; the actual cautery applied over the affected region and back of the neck; electricity; full doses of either gelsemium, conium, hyoscine, the bromides, the iodides, or atropine, the latter preferably hypodermically into the affected muscle. The use of atropine has been especially advocated by Leszynsky, who advises giving daily injections of the drug, beginning with about 1-120 grain and gradually increasing until the physiological limit is reached, which is sometimes as much as one-sixth grain. This method was used successfully in the following case:

William B., aged thirty years, a tinroofer by occupation, presented himself, complaining of spasmodic torticollis which had persisted for a year. It had developed gradually, and was made worse by the use of any other muscles. The spasms were clonic, the point of the chin being drawn to the left and the head backward. He was unable to work on account of it. He was first



given 1-100 grain of hydrobromate hyoscine and fifteen grains of bromide of potassium three times a day, and the galvanic current, the anode stable over the affected muscle, was applied daily. After three weeks of this treatment, without improvement, the hyoscine and bromide were discontinued, and 1-200 grain of atropine was injected into the affected sternomastoid. This was done daily into this muscle and the back of the neck alternately, the dose being gradually increased, until in three weeks he was getting 1-45 grain, and was much improved. The electricity was also continued during this time. After this the atropine was stopped, and he was comparatively well for four months; there was then some return, and the treatment was then recommenced and was continued, although not daily, for three months. He then returned to work. One-forty-fifth of a grain was the largest dose this person could take.—*Therapeutic Gazette*, July 15, 1903.

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#### ***The Therapeutic Value of Adrenalin.***

The *Therapeutic Gazette* abstracts an article by Duncanson in the British Med. Jour. of Feb. 21, 1903, in which three cases are reported of unusual applications of adrenalin.

The first was a hemophilic who received a slight wound over the orbital ridge from which alarming bleeding occurred which was finally controlled by adrenalin solution.

The second was a case of hematuria in an adult produced probably by vaccination. Five minimum doses of adrenalin solution every hour for four hours and afterward every two or three hours controlled the bleeding in twenty-four hours.

The third case was one of stricture following an acute gonorrhoea in which the application was made locally by means of a cathetic. The adrenalin seemed to have a salutary effect in removing the stricture.

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#### ***A Successful Treatment of Morphinism.***

Dr. J. Ben Jones, of Laurens, S. C., in *Am. Med.* for Aug. 22, 1903, reports the successful treatment of a case of morphinism of five years standing following a number of failures.

The successful treatment was administered by Dr. Geo. E. Petty, of Alabama, and consists of immediate withdrawal and not a gradual reduction. The symptoms following the withdrawal



according to Dr. Petty, are due to autotoxemia which it has been the province of the morphine to hold in check. He therefore prepares the patient by the administration of a cholagogue cathartic. Then follows the withdrawal of the morphine and a wait for symptoms which appear usually within about 36 hours. He then uses the hydrobromate of hyoscine tentatively at first until its effect is seen and then enough to produce sleep or mild delirium.

In the case reported in the first twenty-four hours of abstinence following the time when the hyoscine was substituted for the morphine there were six hypodermics of 1-150 gr. of hyoscine and two of 2-100 gr. given at irregular intervals depending on the necessity. During the second twenty-four hours twenty grain doses of hyposulfite of sodium were given every two hours and the hyoscine continued as needed. After the second day no medicine at all was given and no desire for morphine was experienced.

In commenting Dr. Jones says: "There was an entire absence of the painful reactionary or withdrawal symptoms usually encountered in the disuse of morphine. There was no approach to collapse, which had compelled me to abandon the effort at withdrawal before. After the discharge from the purgatives given at the beginning had ceased, there were from two to four actions from the bowels each 24 hours but not even a symptom of diarrhoea appeared. The kidneys acted normally throughout. There was no colic, sweating, or aching of the limbs, and the nerves as steady as when taking morphine, but as surprising as those were to me, the greatest surprise of all was the fact that the patient slept almost normally from the very beginning of the treatment and has continued to do so.





## DEPARTMENT OF OPHTHALMOLOGY OTOLOGY, LARYNGOLOGY & RHINOLOGY

In Charge of Albert E. Bulson, Jr., B. S., M. D.

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

### *The Preparation of Patients for Nose and Throat Operations Under Local Anaesthesia.*

Dr. Nathan G. Ward, in the *New York and Philadelphia Medical Journal* of September 12th, calls attention to the necessity for properly preparing the patient for a nose and throat operation under local anæsthesia as carefully as preparations are made for any other operations. In his own experience he has found that following this rule the shock from the operation is less, and the healing more rapid, with attending better results than in cases operated in the usual way or without careful preparation. Previous to such operations as the removal of septal spurs, enlarged turbinates, or the correction of septal deviations in the nose, removal of adenoids or tonsils, or any major operations upon the nose or throat, alkaline solutions are employed for cleansing purposes for a week previous to the operation. In addition to this the patient is given general eliminative treatment including laxatives, diaphoretics and diuretics. Tonics are given to tone up the nervous centres and restore general functional activity. For the operation cocaine is used for the local anæsthetic, and adrenalin to limit hemorrhage, even though the author believes that adrenalin is prolific of secondary hemorrhage. Atropine in 1-200 to 1-100 of a grain is given from six to twelve hours before the operation to prevent the nervous shock which frequently accompanies the operation in those who are nervous or debilitated from any cause. In concluding the article the author says that these precautions will prevent shock and hasten repair.

### *Secondary Congestion and Hemorrhage Following the Local Use of Cocaine in the Nose.*

Harland, in the *Philadelphia Medical Journal*, says that cocaine applied to the mucous membrane of the nose produces not only a local anaesthesia but also a local anemia. The latter is due to



the action upon the constrictor nerves and unstriated muscles of the arteries and veins. After an hour or two this ischemia is often followed by a marked congestion, usually in proportion to the amount of the previous contraction, and hemorrhage occurs if the mucous membrane has been broken. The reason why the congestion takes place has not been discovered. Hemorrhage, if it occurs, will, of course, be in proportion to the amount of congestion present. Troublesome secondary congestion can usually be avoided by restricting the strength and amount of cocaine used. Clinical experience warrants the belief that cocaine in spray form can safely be employed if limited to a half per cent. aqueous solution. If used on the cotton tipped applicator a 5 per cent. solution should be the maximum strength employed. It should be employed carefully and accurately, half a minute at least allowed between the applications, and the tissues should be repeatedly inspected, touched and tested so that no more cocaine than is necessary should be applied.

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#### ***Adrenalin in Nose and Throat Diseases.***

In an article upon the uses of suprarenal extract, presumably in the form of adrenalin, Douglas, in the *N. Y. Med. Jour.* May 2, says that in some cases the drug produces unpleasant symptoms or sensations. In some patients the use of this drug produces an unusual dryness of the nose and throat, lasting for twenty-four hours. This is so marked in some cases that water has been snuffed into the nostril to relieve the lack of sensation. Another local effect of suprarenal has been a sensation of the shrinking of the nasal mucous membrane so that it would seem that the membrane were tightly drawn over the bone and the patient has complained of the unpleasant feeling. Sometimes the mucous discharge is aggravated by the use of suprarenal solution, and in certain patients the use of any preparation of suprarenal solution produces such a tickling sensation in the nose, with the desire of sneezing, that they have requested a discontinuance of this form of treatment. Douglas says that notwithstanding the introduction of very careful antisepsis; together with greater familiarity with the work, the patient who is operated on for exostoses do not get well so rapidly as in the days when suprarenal was not in vogue. Healing of wounds seems to be delayed, and the only reason given for such a condition is that a certain amount of inter-



ference with nutrition accompanies the use of suprarenal, or it may be that the proto-plasmic activity of the cells is in some way influenced. Constitutional symptoms are not altogether absent, for it is not infrequently that patients upon whom suprarenal has been used suffer from an aching sensation in the stomach in the region of the solar plexus. A certain amount of headache and fullness in the head has been noticed. One patient under the author's care regularly developed hiccough when suprarenal was used upon the nose. Despite these unfavorable symptoms the author says that the single contra-indication to the use of suprarenal is in atrophic cases of the nose, throat or pharynx. A word of warning is perhaps needed as to the theoretical possibility of atrophy or atrophic conditions developing from the too frequent use of this most admirable of these remedies.

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***Myotics Following the Use of a Cycloplegic.***

In an editorial in the August number of the *Ophthalmic Record*, Dr. Henry Gradle, of Chicago, refers to Dr. Pyle's case of glaucoma following immediately upon the use of homatropine, and suggests that ophthalmologists do not do their whole duty in allowing patients, upon whom a mydriatic has been used for testing the refraction or examining the fundus, to leave their offices without using some myotic. Dr. Gradle believes that glaucoma following the use of a mydriatic in a test for glasses is a much more common occurrence than generally supposed, and that, therefore, it ought to be a universal rule to use a myotic immediately after the tests are completed unless there are urgent reasons for continuing the cycloplegic and the patient can be under direct observation of the surgeon. Allowing a patient upon whom a cycloplegic has been used for the adjustment of glasses to return to his home some distance from the examiner without the precaution of using or giving for use a myotic, seems in the judgment of Dr. Gradle to be a risk which the careful ophthalmologist should not take.

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***Adrenalin in Operations for Adenoids.***

Dr. J. F. Barnhill, in the August *Medical and Surgical Monitor*, advocates the use of a solution of adrenalin chloride in the strength of 1 to 1,000 preceding the operation for adenoids. Ten to fifteen drops of the solution is dropped through each nostril of the patient a few minutes before the operation is performed,



and if the faucial tonsils are to be removed at the same time, they are painted very thoroughly with the same solution. Since using the adrenalin Dr. Barnhill says that he has had but little trouble from hemorrhage which previously necessitated haste in the performance of the operation, and with the child under an anæsthetic, as customary in these operations, the danger from inspiration of blood was considerable.

(The value of adrenalin in contracting the blood vessels in the mucous membrane of the nose and throat preceding operations like the removal of nasal spurs, turbinates, adenoids or tonsils, cannot be over-estimated under favorable conditions. The writer invariably operates for adenoids under a general anæsthetic and has employed adrenalin solution to facilitate the work by limiting the amount of hemorrhage which so frequently interferes with careful and painstaking work. It should not be forgotten, however, that adrenalin is supposed by some to occasionally be a respiratory depressant, and in one or two cases which the writer has had this opinion seems to be verified by the facts. A child in fairly good physical condition, with no heart or kidney complication, and who had on four previous occasions taken ether for prolonged operations, was quite recently operated by the writer for adenoids. Ether was administered by an expert anæsthetist, and a few minutes prior to the operation 1 to 1,000 adrenalin solution was dropped into each nostril in the manner described by Dr. Barnhill. The operation was performed without hemorrhage of consequence, but immediately following the operation the patient stopped breathing and remained in such a condition for probably two or three minutes; during which time absolutely no effort at respiration was made. The pulse was unaffected. Artificial respiration finally brought about natural respiration, though it was some minutes before breathing became regular. No particles of adenoid tissue, blood or mucus had been inspired, and it was not thought that the anæsthetic alone was in any sense responsible for the condition. Judging from the experiences in several patients operated for nasal spurs, enlarged turbinates, etc., under cocaine and adrenalin, in which labored breathing without disturbance of the pulse, so characteristic in cocaine poisoning, it is thought that the unfavorable condition in the little patient operated under a general anæsthetic for adenoids was due entirely to the adrenalin. Recently a few reports of this nature have appeared in medical journals, and it is well to bear the facts



in mind when employing that most valuable aid in our operative work,—adrenalin chloride. The writer believes that the use of strychnine, which is a respiratory as well as cardiac stimulant, preceding the use of adrenalin when a general anæsthetic is employed, will probably avert such an unfortunate condition as above reported.)—EDITOR.

### *Atrophic Rhinitis Treated with Acetozone.*

In the July number of *Medicine* Dr. James M. Brown reports three cases of atrophic rhinitis successfully treated with Benzoyl-Peroxide (Acetozone.) The nose is first cleansed with an alkaline solution with a view to removing all secretions and crusts. Acetozone is the strength of about one-half per cent. in a neutral inorganic oil is used in an atomizer following each cleansing, which should be done night and morning. In all of the cases in which this treatment was employed the treatment was entirely satisfactory. The crust formations and secretions cease and the mucous membrane assumes a more or less natural condition with reports from the patients that they are practically well.

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## BOOK REVIEWS

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**Gynecology.**—A text-book for students and a guide for practitioners. By William R. Pryor, M. D. Professor of Gynecology in the New York Polyclinic Medical School, etc. New York and London. D. Appleton & Co. 1903.

This is a book of 380 pages, including the index, and contains 163 illustrations. The first eight chapters are devoted to a description of diseases and in the remaining fourteen the operations are given. The author confines himself strictly to gynecological subjects which he treats in a practical and systematic way, and in a style terse, clear and pleasing.

Almost every page bears the impress of the author's personality. This characteristic adds much to the value of the book. The publisher's work is well done. M. F. P.

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**Illustrated Chart of Pathological Organism.** (*Breitenbach.*)

The M. J. Breitenbach Company, 53 Warren Street, New York City, whose Peuto-Mangan (Gude) is familiar to all our readers of the advertising columns, has sent out to medical colleges, hospitals and medical societies, a chart mounted on cloth



some three feet wide, a series of the principal pathological organisms, some fifty or more in number, magnified over 1,000 diameters and stained in appropriate colors. It is an excellent chart to hang in pathological laboratories. The vision field is nearly two inches in diameter. It is interesting to show the chart to teachers and students and permit them to recognize as many forms as possible without recurrence to the legends below the printed disks. The chart is unique and valuable and will not be consigned to the waste basket.

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***Practical Medicine Series. Pediatrics and Orthopedic Surgery. June Number. The Year Book Publishers, Chicago.***

The June number of this series is very interesting and instructive reading. The papers selected for review are only those which merit careful thought and while one need not always coincide with the views presented it is to be remembered that these are abstracts of papers and not original contributions. The editorial comments are terse and to the point. It is well worth the time of the "busy practitioner" to spend the short time required in reading these abstracts because it tends to fix new facts in the mind which would otherwise escape by mere journal scanning.

B. VAN S.

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***The Practical Medicine Series of Year Books Comprising Ten Volumes on the Year's Progress in Medicine and Surgery.***—Issued Monthly. Under the general editorial charge of Gustavus P. Head, M. D. Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume VI. General Medicine edited by Frank Billings, M. S., M. D. Head of the Medical Department and Dean of the Faculty of Rush Medical College, Chicago, and J. H. Salisbury, M. D. Professor of Medicine, Chicago Clinical School. May, 1903. Chicago. The Year Book Publishers, 40 Dearborn Street.

This volume contains the usual excellent resume of the various topics included. Typhoid fever, and especially paratyphoid fever, the nature of which should be more fully understood by the general practitioner, malaria, dysentery, etc., receive careful attention. The important subject of diseases of the stomach and intestines occupies a very large section of the volume.

It is again commended to the profession as one of the best means of securing a rapid review of the progress during the preceding year.

G. W. McC.

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***International Clinics. Vol. II. Thirteenth Series. 1903. J. B. Lippincott & Co. Philadelphia.***

The volume before us is an unusually interesting one viewed from the standpoint of the general practitioner. The summer diarrhoeas of children are discussed by Conn, Hand, Cotton, West-



cott, Nicoll and Marfan. Diseases of the pancreas receive the attention of Opie and Deaver and Muller. There are interesting articles on different therapeutic questions by Levi, Gaston Bouchard and a good exposition of the rest treatment by Taylor. There are four good medical essays, three on surgical subjects, one on cirrhosis of the liver in children, three on obstetrical and gynæcological subjects, and one on surgical intervention in paralysis of the ocular muscles. All of these papers represent advanced thought on the different subjects and should be read and studied by all interested.

B. VAN S.

## PUBLISHERS DEPARTMENT

LIFE NOURISHES LIFE—BOVININE.—The origin, evolution and interdependence of the different species of animals are themes ever full of interest.

Waiving all discussion of the origin and evolution of the species, as well as other questions of biology and mythology, it is conceded that man was created "a little lower than the angels," but a great deal higher than the highest of the brute family."

Practically, as declared in Holy Writ, man was given dominion over the beast of the field and the fowls of the air. He can not cope with the elephant or lion in strength, but he can devise traps and pitfalls in which to capture them. He can not run with the deer nor fly with the eagle, but he can invent explosives swift enough and rifles accurate enough to overtake either of them.

Brain triumphs over brawn; mind conquers muscle. The ponderous elephant obeys the pusilanimous prod of his pigmy keeper, because the prod is wielded by a superior intelligence. Timid philosophers and pessimists indict this fact of supremacy and dominion as a mere opportunity for cruelty. It is nothing of the kind. It is predestination—a part of the original plan.

Throughout the entire length of the chain, the lower orders contribute to the higher. But for this law of interdependence and necessity the progress of the race would have halted ages ago, and in its noblest representatives of to-day would rank no higher than the recently discovered "little bushmen" who skulk in the jungles of unexplored Africa.

Life sustains life—it is the law, order and sequence of Nature. Our present knowledge does not enable us to define this mysterious life, but we know how it is nourished. The animal transmutes



# Fort Wayne Medical Journal-Magazine

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VOL. XXIII

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No. 10

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## EDITORIALS

### *The Doctor in Politics.*

Doctors as a class have fallen short in their duty as members of the body politic—as citizens.

The excuses offered have been and still are, that they have had other work of more importance to do, that the moral tone in politics is bad, that to interest one's self in politics would be to lower one's standing in the profession.

There can be no higher duty than that which each man owes to his fellows.

In a republican country, such as ours, every one enjoying the privilege of elective franchise is, and should consider himself, under a solemn obligation to exercise that privilege honestly and intelligently. The citizen of a republic who does not perform his political duties and yet enjoys the privileges of citizenship is, in a sense, living upon the bounty of his compatriots, for he enjoys the fruits of legislation which has resulted from their labor.

The moral tone in politics is not as high as it should be but it



need be no worse than the average moral tone of the people. If it be worse than this then there are some who are not performing their political duties. He who shirks his duty should be the last to complain. He has no valid right to cry out against abuses which he is too indolent or too cowardly to assist in rectifying.

He rises highest in the social scale who comes the nearest performing all the duties devolving upon him, and no physician can lose professional standing through performance of his political duties.

Aside from the duties of citizenship which are common to all, there are certain duties which are the special province of certain persons by virtue of the fact that their training has been such as to peculiarly fit them for their performance.

Thus it is the special province of the physicians of this country to bring about the enactment of laws looking toward the prevention of disease.

Isolated individual efforts will accomplish but little. Concerted effort will accomplish much. This kind of effort necessitates a thorough organization of the profession. Such organization is now well under way and the writer expects to see in the near future much good fruit borne of it.

Let us not, however, lose sight of the fact that in order to be effectual, laws must be backed by the force of public opinion. Let the majority be convinced that certain laws are necessary and they will soon be enacted, and after enactment, enforced. A campaign of education carried on through the agency of the lay press and popular lectures would, we believe, soon result in the development of a public sentiment which would in turn bring about rapid advancement along the lines of medical legislation.

Such a campaign might with perfect propriety be carried on under the supervision of the medical societies.

Physicians should take an active interest in local affairs as well as in state and national affairs. No one is so well fitted as he to assist in the solution of many of the political problems which arise in the conduct of county and municipal affairs, and upon the wise solution of these problems hangs the health and prosperity of the community. A proper solution of these questions not only prevents unnecessary morbidity and unnecessary mortality but it also prevents unnecessary monetary loss and therefore it is that the questions under consideration are the most important political questions with which we have to deal. An



ideal republic is, of course, an impossibility, but certainly all good citizens should strive to come as near as possible to the ideal. If such progress as is possible be made along this line each man must do his duty not only as an individual, but as a citizen also.

Our political obligations are of the very highest order and a religious performance of them beneath the dignity of no man. From the performance of these obligations none may be excused save the incompetent.

M. F. P.

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### ***The Sources and Methods of Infection in Pulmonary Tuberculosis.***

For the purpose of effectually combating the propagation of pulmonary tuberculosis it is of prime importance to be in possession of the knowledge of the sources and methods of infection.

The generally accepted view is that such infection is the result of the inhalation of dust laden with the germs of the disease which find lodgement in the finer bronchioles and air cells and begin to grow and multiply. Our measures for prevention are all based upon this theory, and we place the patient with beginning pulmonary tuberculosis out of doors to remove him from the possibility of breathing infected dust as well as to build up his own defenses against the infection and restrict the possibility of his conveying the disease to others of the same household. We teach him the care of the sputum for the same reason and to prevent his own reinfection.

J. O. Cobb, of Los Angeles, in the *New York Medical Journal*, questions whether this is the manner in which the infection is usually conveyed. He attempts to show that the usual method or route of infection is through the alimentary tract and cites the experiments of Nicholas and Descas upon fasting dogs which were given large doses of tubercle bacilli and the bacilli recovered from the thoracic duct in three hours without any abrasion of the intestinal wall. If the bacilli once gain entrance to the thoracic duct it is easy to conceive of their deposit in the lung which would be the first set of capillaries they would meet.

He also believes that bovine tuberculosis is contracted through the alimentary tract, brought about by the diseased animal infecting the food of others through coughing rather than through the inhalation of the bacilli themselves. Swine, he says, are infected almost without exception by eating the tuberculous offal of abattoirs. Avian tuberculosis is propagated in the same manner.



With regard to the human family he believes that the disease may be contracted in both ways (inhalation and ingesta). He attributes to flies the power of infecting food and says he has demonstrated that they can convey tuberculous matter from the sputum cup to objects at some distance. The prevalence of flies in countries whose inhabitants do not use milk to any extent, as China, he thinks is sufficient to account for the wholesale food infection which is necessary to account for the widespread distribution of the disease.

B. VAN S.

### ***The Death-rate of Phthisis and Pneumonia.***

It has not been uncommon to see the statement in medical periodicals that pneumonia in a certain locality had forged ahead of phthisis as leader of the causes of death. Thomas J. Mays, *New York Medical Journal*, September 26, 1903, has collected the statistics of a number of cities for the purpose of questioning whether registration and disinfection is a successful method of combating pulmonary consumption.

These statistics show the relative mortality of the two diseases from 1870 to 1902 and have been arranged in tables or charts for each of the several towns. By means of these charts it is readily seen that *most* of the localities have suffered an increase in the death-rate from pneumonia while that of consumption has declined and in many of the cities the former has outstripped the latter, as in Philadelphia, New York, Chicago, Boston, St. Louis, Buffalo, Baltimore, Hartford, Reading, New Haven, Cleveland, Worcester, Haverhill.

It must not be understood that in the places named the mortality of pneumonia is continuously greater than consumption, but that it has in some years exceeded it and for a number of years (since 1890) been very close to it, either above or below.

It is not intended at this time to review the paper of Dr. Mays but merely to call attention to the fact that pneumonia has become a much more frequent cause of death than it used to be and that phthisis for some reason does not figure so frequently in the death certificates.

The importance of correct returns is thus emphasized. The writer has known of deliberate falsification of the record by the physician to please the family who did not want it known that the death was due to consumption. If this practice is at all common, a cause for the lowered mortality rate of consumption is discovered.

A study of these charts will also help to dispel the look of doubt and incredulity with which one generally receives the statement that consumption is no longer "captain of the men of death."

B. VAN S.



## ORIGINAL ARTICLES

No paper published or to be published elsewhere as original  
will be accepted in this department.

### *Some Points Concerning Arterio-Sclerosis.*

BY

DR. B. VAN SWERINGEN,

Professor of Theory and Practice of Medicine, Fort Wayne College of Medicine.

Arterio-sclerosis is the name used to indicate a pathological change in the vessel walls whereby they become less elastic, harder and more brittle. Among the most common synonyms are atheroma and arterio-capillary-fibrosis (endarteritis obliterans). Inflammations of any portion of the circulating apparatus may result in sclerosis of the vessel-walls as in aortitis whether syphilitic or due to other infection.

It was Cazalas, in 1849, who gave utterance to the now generally accepted truth, "A man is as old as his arteries." As long as one's arteries remain good we see no evidence of age. We are all familiar with the picture of advancing years and we recognize the influence of the arteries in contributing to the condition but we do not all realize as fully as we should the fact that we may have arterio-sclerosis while the hair is yet black, the eye undimmed, the hand steady and the back unbent by weight of years. From the more laborious occupations of most men they are said to be more prone to this affection than women and then they more frequently indulge excessively in alcohol. Adult life gives most examples although it has been found in children. A man of 40 may have the arteries of a man of 80. One 20 years old may be found with arteries as hard as they should be at 60.

The influence of syphilis in the etiology of this process is direct and unquestioned. The vascular system is the system most frequently attacked by the virus of syphilis. Indeed the appearance of thickened vessel walls in many specimens prepared for microscopic examination is alone sufficient evidence upon which to make the declaration of the existence of syphilis. Osler in describing this condition was wont to say that the worship of Mars, Bacchus and Venus was responsible for its development.

Alcohol, gout and rheumatism are also given as causes.

The process starts in the media and involves the intima



secondarily. At least this is the generally accepted view. What it is that starts it, the reason of its beginning is a matter of dispute. Is the primary cause in the nervous system, or blood, or vessel wall?

The most likely theory is that it is resident in the blood in the nature of some toxic substance, although why it should select the aorta in one case, the kidneys in another, the vessels of the brain in still another is not at all clear. But something determines the beginning of the process in one or the other of these localities or it may be a very general process from the start (arterio-capillary fibrosis). There is a deposit of young cells in the media from the vasa vasora which continues until it forms small nodules (nodular variety).

The center of these small nodules begins to soften, the cells undergo fatty degeneration by reason of the scanty blood supply to them and pressure, and the result is the formation of a minute abscess in the case of small or medium-sized vessels. In the large vessels they may attain considerable size. These are the so-called atheromatous abscesses. They are covered by intima which thins out and finally breaks, allowing the discharge of the contents of the abscess into the blood-stream. This material is the so-called atherom pulp and is carried along till arrested by smaller vessels.

The vessel wall has, of course, been weakened at the point of rupture and if the blood pressure be sufficient before compensatory inflammation and thickening of the remaining coats be great enough the vessel dilates and a saccular aneurism is produced. In the process of healing, as before stated, lime salts are deposited in plates and we have the atheromatous plates so commonly seen in the aorta in this condition.

This process is not always limited or localized as above described but it may be more generalized, involving the small vessels all over the body, or it may select the vessels of some particular locality as the coronary arteries where by interfering with the nutrition of the heart it produces those agonizing attacks of paroxysmal pain known as angina pectoris or suffocative breast pang. No abscesses are produced but there is a general thickening of the entire wall of the vessel, especially of the media and intima which interferes with metabolism. A condition of myocarditis is produced with the deposit of white fibrous material on the walls of the heart.

When the arteries of the ciliary body are involved arcus



senilis results, a fatty degeneration of the cornea around the margin.

This general process by limiting the elasticity of the vessels raises the blood pressure, requiring more work of the left ventricle which consequently hypertrophies if compensation is maintained.

When dilatation supervenes we have the same condition as obtains when the compensation of valvular disease ruptures.

In many cases this process seems to begin in the renal vessels. Connective tissue is deposited and we have this finally going on to contraction, resulting in a reduction in the size of the organ and a roughening of the surface—the so-called red granular kidney.

It is not always easy to decide in a given case whether the primary trouble was located in the kidney or in the vessels, and I know of no more difficult problem than the early recognition of these cases.

The recognition of advanced cases of atheroma is not at all difficult. The peripheral arteries may readily be felt to be much harder than normal; arcus senilis may be present; attacks of vertigo occur; palpitation on slight exertion; left ventricle hypertrophy and accentuated aortic second sound make an unmistakable picture.

Osler says "The combination of increased arterial tension, a palpable thickening of the arteries, hypertrophy of the left ventricle, and accentuation of the aortic second sound are signs pathognomonic of arterio-sclerosis."

It is my desire to draw your attention particularly to the class of cases before alluded to as difficult of early recognition—namely, those of arterio-sclerosis associated with early kidney involvement. The cases are usually classed as interstitial nephritis and that term really covers the pathology in so far as the kidney lesion is concerned. They are very insidious in their onset. I remember to have made an autopsy several years ago in the case of a woman who had had no medical attention whatever; she had attended church the day before her death but was obliged to leave before the service was concluded on account of a severe headache; she felt well as usual the next day but expired toward evening without any warning whatever. The heart was enormous, a typical *coar bovinum*. The kidneys were very much enlarged by the development of cysts but were typical examples of interstitial nephritis, the origin of which was in all probability



located in the vessels as shown by microscopic examination.

Tachycardia is a symptom which is always suspicious to me unless it can be satisfactorily explained in some other way. I have seen several cases which presented this as a major symptom in which repeated examinations of the urine failed to give evidence of kidney lesion at the time and the symptom remained unexplained, I say I have seen these cases subsequently prove to be those of interstitial nephritis. A pulse rate of 100 or thereabouts which is persistent and of high tension should be regarded with suspicion until repeated examinations of the urine extending over months proves the kidneys normal. And even if no albumen or casts be found, if the gravity is persistently low, the urea reduced and the amount passed increased, these findings should be regarded as confirmatory evidence. If combined with left ventricle hypertrophy and accentuation of the aortic second sound I think the diagnosis may be safely made, without waiting for albumen and casts. I have the histories of many such cases where the diagnosis was subsequently confirmed by the development of some typically uremic accident, such as coma or convulsions or the appearance of unmistakable signs in the urine, or the development of retinitis.

Principal among the symptoms of cerebral arterio-sclerosis is vertigo, although all sorts of symptoms may be present and various organic diseases may be simulated. Last winter a patient came under my observation with a paraphasia. He was a man of about 60 and looked fairly well preserved. The heart was greatly enlarged to the left and upward and urine was scanty, albuminous to a slight degree and contained hyaline and pale granular casts with some blood cells. There was no valvular lesion and the heart condition was looked upon as secondary to the kidney trouble. The radial and temporal arteries were soft but the peculiar mental condition could not be solely explained by the condition of the kidney secretion, and cerebral atheroma was diagnosed not only on account of the paraphasia and delusion present but also because of transient and incomplete hemiplegia. At the autopsy the whole circle of Willis was found involved in a most extensive hardening sufficient to interfere materially with the metabolism of the parts supplied.

The phenomena of embolism, abscess, insular sclerosis, and parietic dementia may ensue upon cerebral arterio-sclerosis, as also may the symptom complex known as bulbar palsy.



In the treatment of this condition, after it has been once determined, one should bear in mind the necessity of hygienic rules; plain living, avoidance of excessive nitrogenous ingesta; regular and not excessive exercise suited to the needs of the individual case. As for medicines, mineral waters or artificial mineral waters should be used over long periods. The iodides and other alteratives are also indicated and should be used in the hope of at least retarding the progress of the disease.

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### ***Strapping the Breasts; Is It Right?***

BY

H. V. SWERINGEN, A. M., M. D.,  
Fort Wayne, Ind.

That there has been great progress made in the field of obstetrics as in every other branch of medicine, no experienced, up-to-date physician can deny. Compared with the recent past, the losses of women at child-birth have been reduced to the minimum, and become decidedly exceptional.

But along with many measures of most emphatic improvement and undoubted value in the conduct of these cases, there have been introduced practices which are of doubtful utility, if not positively harmful.

For some time it was a fad as a routine practice to resort to vaginal and intrauterine carbolized douches during the lying-in period, no matter how physiological and normal the accouchement may have been. Although still the rule with some obstetricians, it is practiced much less frequently than formerly. It has been found by experience to be not only an unwarranted procedure, but absolutely injurious, except in cases presenting an urgent indication for its adoption, and then as preliminary to, and, as is not infrequently the case, a most successful and safe substitute for, the more formidable operation of curetting, which is, likewise, less practiced than heretofore.

But, by the question, *Is it Right?* which heads this brief article, I have reference more especially to another practice among obstetricians, which, in my opinion, can not be too strongly condemned. I consider it barbarous, unnatural, unphysiological, injurious, unwarranted and without any support by ordinary common sense. The first time I heard that it was advocated and practiced, I was seized by a mental rigor which has not yet been followed by the reaction of adoption of the practice. I allude to



the custom of strapping down tightly the mothers' breasts to prevent them from filling up with milk in cases of still-born or premature births. Not a sensible reason can be given for the practice. On the contrary, many sensible reasons can be suggested why it should not be resorted to. It is unnatural, non-sensical, an unwarranted interference with a natural, physiological function. By the mechanical pressure instituted an irritation and low grade of subacute inflammation is set up in the sensitive milk ducts, gluing them and their individual walls together, and thus rendering many of them impervious and unable to perform their duty as future occasions may require. It is a painful procedure in many instances, subjecting the woman to much discomfort and constitutional disturbance. I have been called to cases thus treated when the regular attendant could not be found, when all I had to do to afford relief to the patient was to loosen and remove the mammary bandage. In over thirty years' practice I have had a little experience in obstetric work, and, I believe, my success in this line will compare favorably with that of the average practitioner; but I have never resorted to this procedure, and, God helping me, I never will.

The rational method of procedure in these cases, in my opinion, is to imitate and assist nature as much as possible. Let the milk come into the breasts. Let it be secreted. Then, let the breast pump do that which the child would have done, had it been born alive and well, *i. e.* pumped the milk out of the breasts at intervals of two or three hours. In the meantime, the secretion can be more naturally and gradually stopped the usual way, without endangering the integrity of the ducts or subjecting the woman to needless suffering.

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***Biliary Obstruction as a Cause of Nephritis.\****

BY

MILES F. PORTER, M. D.,  
Fort Wayne, Ind.

Professor of Surgery and Clinical Surgery in the Fort Wayne College of Medicine.

The intimate physiologic connection between the liver and the kidneys is well and generally understood by the profession hence there is no need of going into detail along this line here. I have on several occasions seen nephritis follow diabetes and lithemia under such circumstances as to convince me that the former disease was the result of the latter. This same observa-

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\*Read at the meeting of the Northern Tri-State Medical Society at Monpelier, Ohio, July 28, 1903.



tion has been made by a number of my professional acquaintances and the same conclusion reached by them. While I have been able to find very little along this line in the literature I am quite sure that a goodly number of clinicians hold the opinion that lithemia and diabetes are not uncommon causes of nephritis.

It is generally if not universally held by abdominal operators that prolonged obstruction of the bile ducts deranges the kidney function. Some cases are reported wherein suppression of urine and death followed operation for common duct obstruction. Dr. Evans, of Chicago, told me in conversation that usually the urine of patients suffering with common duct obstruction was found to contain casts and albumen. In discussing the subject of gall-stone disease before the American Association of O. and G. (1) two years ago I reported that I had lost three cases from suppression of urine following operations for gall-stones done in the presence of cholemia. Since then I have had three more deaths from the same cause under the same circumstances. In this experience there has been on the other hand no fatal case of hemorrhage and but two cases in which serious hemorrhage occurred and one in which a trivial one occurred in the subcutaneous tissue about the abdominal incision. Just here I want to say that it is possibly true that some of the hemorrhages said to be due to jaundice are really due to the vascular changes consequent upon the interstitial nephritis. In quite an extended search of the literature including the works of Kehr, Mayo Robson, and Waring I have not found anything bearing upon the subject that would lead one to think that disturbance of the kidney function was a frequent or important result of bile obstruction. Most all of these authors, however, speak of hemorrhage as a frequent and dangerous complication of this condition. In the twenty-eight complications of cholelithiasis enumerated by Robson neither suppression of urine or nephritis is mentioned. Dr. Stamm, of Fremont, Ohio, in the discussion above referred to at the meeting of the American Association of O. and G. (2) relates a case of suppression following operation for gall-stones and gives Kehr credit of having reported similar cases which he attributed to acute dilatation of the stomach. I have failed to find in Kehr's work, however, anything to corroborate this. If it is there I have overlooked it. Of my earlier

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1. Since this was written Elliot's paper read at the New Orleans meeting of the American Medical Association on "Albuminuria in Diabetes" has been published. *Journal of the American Medical Association*, August 8, 1903.

2. Trans. American Association O. and G. 1901, Page 180.



cases I can not speak positively on the point but of the last three cases I can say positively there was no dilatation of the stomach. In two of the cases the record shows the presence of tube casts and albumen prior to the operation. In one case there was coupled with the jaundice a typical clinical picture of chronic interstitial nephritis.

Bouchard in his work (page 230) on autointoxication says jaundice is a frequent cause of nephritis. I am well aware, of course, that one suffering with gall-stones might develop a nephritis and vice versa without there being any etiologic connection between the two. Nor am I unmindful of the fact that the anesthetic may be the cause of the kidney lesion in some of these cases. It is rational to suppose, and I believe it is true, that in some of the cases of urinary suppression following operations for conditions producing jaundice, the suppression is due to the combined effect of the anesthesia and the biliary obstruction and that either cause acting alone might fail to produce the condition. Clinical evidence proves beyond a question that anesthesia in a patient whose kidneys and liver are normal seldom produces serious kidney symptoms, while it just as positively proves that fatal kidney disturbance frequently follows anesthesia produced in the presence of biliary obstruction. My own experience coupled with knowledge gained from the published reports of cases, from conversation and correspondence with my confreres, and the study of the articles in the text-books bearing upon the subject forces me to the conclusion that nephritis is one of the most common and fatal complications of biliary obstruction and that said obstruction is the chief etiologic factor in the production of the nephritis. If this opinion proves correct then we must revise somewhat our teaching concerning the treatment of biliary obstruction. Kehr, as quoted by Dunning, (3) considers it safe to wait about three months before operating in cases of common duct obstruction by gall-stones. Kehr, (4) speaking of stone in the common duct, says "here one may quietly wait." On the other hand all operators of experience are agreed that it is bad policy to operate in cases of common duct obstruction with manifest kidney involvement.

While no wise surgeon would operate in acute obstruction of the common duct, he should not on the other hand "quietly wait" until an established kidney lesion is produced which will prove

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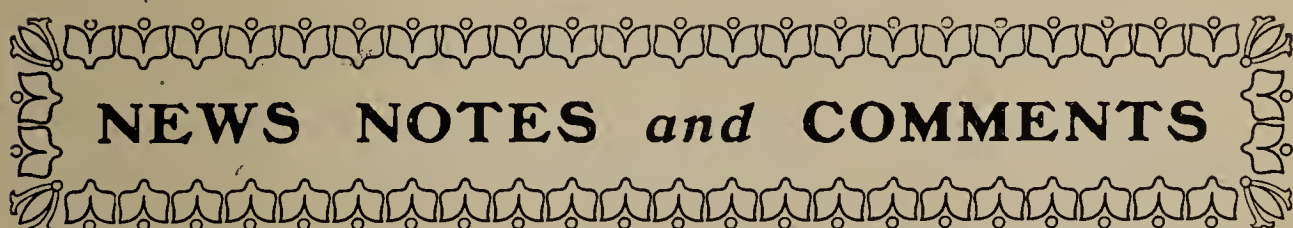
3. Trans. American Association O. and G. 1901, Page 167.

4. Gall-Stone Disease. Page 116.



fatal whether the biliary obstruction is removed or not. Cases coming to the operator for relief of common duct obstruction, wherein serious kidney involvement is also found, should not be refused operation but with proper preliminary treatment should be operated, usually under local anesthesia, with a view to the relief of the biliary obstruction by the simplest and quickest means, in the hope that the removal of the obstruction will cure the kidney lesion, leaving, if necessary, the completion of the operation until the patient is in a more favorable condition to withstand the effects of a more prolonged and complicated operation.

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## NEWS NOTES *and* COMMENTS

### *Medical Exhibits.*

The growing dissatisfaction with medical societies' treatment of exhibitors is a live question. The charge of space has increased over one hundred per cent. in the last ten years, and it is well known that the entertainment expenses of many of these meetings are covered by these fees of the exhibitors, and in some cases a considerable amount of money being left over.

Probably the worst abuse of exhibitors, recently, was at the meeting of the New Jersey Medical Society at Asbury Park in June. The local committee of arrangements, as is usual at these meetings, were inexperienced and made many blunders, and much harsh criticism was expressed. They did not consider the feelings of the representatives in charge of the exhibits, who were not even invited to the social functions they were paying for. It will be a long time before exhibitors will want to attend another meeting at Asbury Park.

The medical press should come to the rescue of these representatives, as they are too often not treated with proper courtesy, while the charge for space is growing more and more exorbitant.

It certainly is wrong that the representatives who pay the expenses of these meetings, should not be treated with ordinary courtesy. Many of these gentlemen are the peers in all respects, of any local committee of arrangements in the land.

It is a question as to how long manufacturing houses will



continue to pay these exorbitant charges for the scant courtesy and disrespect shown to the gentlemen they send to represent them. Exhibitors should act in concert with a view of rectifying the abuses and impositions under which they labor in this regard, or discontinue their exhibits and attendance all together.—*Medical and Drug Advertiser*.

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#### ***A Clinical Combine.***

The *Surgical Clinic* has been combined with the *Alkaloidal Clinic*. The August number, which is the first issue of the united magazines, is a large journal and looks well.

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#### ***Surgical Instrument Makers Combine.***

Surgical instrument makers, importers, and dealers, to the number of sixty-five, held a meeting, recently, for the purpose of perfecting an organization similar to that of the dental trade. It is not the intention to make a trust, but simply to combine for mutual protection. Through a clearing house, they will keep one another informed of all bad accounts, and any customer may be refused further credit by all the members until his account is settled. The body will be known as the American Surgical Trade Association, and any reputable manufacturer, dealer, or importer may become a member. All of these combinations for "social and benevolent intercourse," sooner or later, are tempted to abandon their original good resolutions to reduce prices and profits, so as to help the retailer in every way, and after getting acquainted, too often use their combination to squeeze the dealer.

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#### ***Purity in Advertisements.***

The publishers of *Everybody's Magazine* announce that hereafter they will accept only such advertisements as are strictly high-grade. Patent medicine and other curative and objectionable advertising will be declined. We hope and believe that *Everybody's Magazine* and all other publications taking a similar stand will be rewarded, as they deserve to be, by the patronage of all persons interested in this much needed reform.

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#### ***Antitoxin in London.***

There were in the London hospitals last year 6,500 cases of diphtheria with a mortality of 11 per cent. as against a mortality of 30 per cent. in pre-antitoxin days.



### ***Big Advertising Contracts.***

The ten largest advertisers in this country and the amount of money annually spent by each of them, are the following:

American Tobacco Company, \$1,000,000; Dr. Pierce, \$750,000; C. I. Hood & Company, \$750,000; Peruna Company, \$500,000; Castoria, \$500,000; National Biscuit Company, \$500,000; Force Food Company, \$500,000; Proctor & Gamble, Ivory Soap, \$500,000; J. C. Ayer & Co., \$350,000; Lydia Pinkham, \$350,000; Scott & Bowne, Scott's Emulsion, \$300,000; Royal Baking Powder, \$250,000; Postum Food Company, \$200,000. Total, \$6,450,000.

The total amount expended for all sorts of publicity in this country has been estimated to be from 600 to 1,000 million dollars.—*Printers' Ink.*

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### ***The Mississippi Valley Medical Association.***

This famous organization held its last session in Memphis, Tenn., October 7, 8 and 9, 1903, with Dr. Edwin Walker, of Evansville, in the President's chair, and Dr. J. N. Jelks as Chairman of the Committee of Arrangements, and Dr. H. E. Tuley, Secretary. The meeting was a success.

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### ***A Righteous Judgment.***

The Munich courts have condemned to five months' imprisonment a postoffice employee who had established intimate intercourse with a chambermaid of good character ("ein unbescholtene Zimmermadchen"), although he was suffering from an uncured venereal disease.

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### ***Contagious Disease Hospital.***

It is probable that Rush Medical College will soon build a hospital for infectious diseases.

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### ***Prolonged Freezing and Germ Life.***

There has been a very general impression that the keeping of bacteria at a temperature below the freezing point eventually led to their death. Recent experiments, however, have tended to prove conclusively that such intensely low temperatures as may be produced by liquid air fail to destroy at least the more resistant forms of bacteria. Much harm has been done by the published statement, presumably from reliable authorities, that ice even



from contaminated water becomes sterile after a month or perhaps even less. Unfortunately for the peace of mind of those who have felt that ice could be used with impunity in the summer time because of this declaration, there now comes a report of an epidemic of typhoid fever due evidently to impure ice which occurred at least nine months after the infected ice had been cut and stored. There seems no reason to doubt that the typhoid bacilli may live for many months, perhaps even indefinitely in ice frozen at temperatures very near the zero point and kept under the favorable conditions that must exist for its constant preservation at temperatures well below the freezing point when properly stored. The fact seems now to be conclusively established that mere cold alone does not destroy the germs of typhoid and other resistant forms of bacteria.—*Journal A. M. A.*

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#### ***Teaching of Dentistry Recommended for Medical Colleges.***

At the Asheville meeting of the International Dental Association the following resolution was passed unanimously:

“*Resolved*, That it is the sense of the ‘National Dental Association’ that each Medical College in the United States should include in its curriculum a lectureship on ‘Oral Hygiene, Prophylaxis, and Dental Pathology.’ ”

The dental profession feels that with the introduction of the teaching of Oral Hygiene in the Public Schools, which they are striving to accomplish, and the co-operation of medical men who have been specially instructed on this subject, that a great stride will have been made toward the prevention of caries of the teeth not to mention many other good results to the general system, which would surely follow a better care of the oral cavity.

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#### ***A Petition.***

Secretary J. N. Hurty, M. D., of the Indiana State Board of Health, is criticised for non-action in his official capacity in the following interesting petition recently received at the office of the Board:

“Mr. Harty. Dear friend we feel it our duty to in form as to the condition of the Small Pox it is Becoming To Bad end Spreding So fast it is Becoming a larming to the Publick that we think it best to ask Protection in our behalf the one that has Control dosent use Precaution a ganst the dreaded disease thar is



Several New Cases and Spreding very fast thare for we ask that you take up matter at once in Protecting the Peopel of this town this Comtagus Disease has Bin ragin here a Long time and we ask that it be stamped out we have the rong parties Pour to Look after the well fair of the Peopel here Come down and you can sea for your celf and Begin the work in the Propper way.

(Seven names signed.)

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***The Bioplasm Company.***

One of the new advertisers in the JOURNAL-MAGAZINE is the Bioplasm Company of New York, who have placed upon the market a preparation known as Bioplasm, which contains nothing but the organic products from the enzyme glands. The remedy is very highly recommended in the treatment of disordered states of the system. It seems to have an especial action on metabolism and selective cell functions, and is recommended by competent observers as a remarkable tissue builder as well as a nerve cell food.

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***Substitor Enjoined.***

At a special term of the Supreme Court in the city of New York on the 25th day of June, James Kerr, druggist, at West New Brighton of the city of New York, was enjoined and restrained perpetually from selling or dispensing at his drug store or elsewhere any Essence of Pepsin or pharmaceutical preparation of any sort or kind whatsoever not manufactured by Fairchild Bros. & Foster, in imitation of, or in substitution for Fairchild's Essence of Pepsin, whenever Fairchild's Essence of Pepsin is prescribed or asked for, and from representing by any word or action that any preparation sold by said Kerr not manufactured by Fairchild Bros. & Foster is Fairchild's Essence of Pepsin.

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***White Plague Hospital.***

Indianapolis will, within sixty days, have a hospital for incurable consumptives. It is the result of the work of the Flower Mission, an association of good women for caring for the sick. The cost of the home will be \$15,000, all obtained by donations, but it will be largely supported by the city. Many cases of poor people who had reached the incurable stage of consumption, had come to the notice of the Flower Hission, and these had no place to die. In one instance, a woman school teacher



who had some money, could find no place where she could die. No boarding house and no private house would receive her, and neither would the general hospital nor poor house. This seemed an awful state of affairs to exist in so fair a city as Indianapolis in this age. The Chinese have "houses of silence" where any one may die comfortably, but no such institution exists in this part of this Christian land. It is to be hoped that this home, where certain afflicted may die in comfort and peace, will very soon be followed by a home where incipient cases of tuberculosis may be taken for cure.—*Bulletin Indiana State Board of Health.*

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### ***Prize Essay Competition of the Association of Military Surgeons***

In accordance with the policy of the Association of Military Surgeons of the United States to encourage research and investigation along medico-military lines, with a view to obviating in the future to the greatest possible extent the misfortunes which have heretofore attended the collection of large bodies of troops for active service, it is announced that a prize known as the Enno Sander prize will be awarded to the essayist securing first place in a competitive discussion of the subject "The Relation of the Medical Department to the Health of Armies." The gold medal to be awarded to the essayist securing first place has a value of \$100, and the essayist securing second place will receive a life membership in the Association, valued at \$50. The Board of Award for 1904 consists of Lieut. Col. John Shaw Billings, U. S. Army; Brevet Brigadier Gen. Geo. Ryerson Fowler, New York; Surgeon Henry Gustav Beyer, U. S. Navy. Full information regarding the conditions of the competition may be obtained by addressing the Secretary of the Association, Jas. Evelyn Pilcher, Carlise, Pa.

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### ***The Alleged Dangers of Strychnia.***

In view of some recent criticisms regarding the use of strychnia as a cardiac tonic, it is well to note the other, and what clinical experience shows to be, the truer, side. Benedict<sup>1</sup> finds that strychnia approaches most nearly a strictly standardized remedy, chemically and physiologically; he says that, in his experience, it is the only drug from which a permanent result may be expected without danger or deleterious influence and which yet may be regarded as an artificial spur. He even suggests that strychnia

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1. Therapeutic Gazette, September 15, 1903.



may represent some chemical product of our organism, as caffeine represent the alloxur bodies, more especially the xanthin radicle.

Of course, the beneficial use of strychnia implies reasonable care in its use, and his ideas as to this are specified as follows: "One milligram, t. i. d.: tonic dose for small adult, with no indication for marked effect. Two milligrams, t. i. d.: ordinary dose for gastric atony, secretory or motor, or for chronic cardiac weakness, functional or organic. Two milligrams five or six times daily: dose for marked cardiac weakness, either in medical or surgical cases; in the latter to give strength rapidly before operation or to prevent collapse afterward. This dosage should rarely be maintained for more than three or four days. Three to four milligrams: single emergency dosage in acute heart failure." Of course, individual circumstances may modify this dosage, but the above is given as near the average safe quantities in conditions mentioned above. Benedict says he rarely continues the use of strychnia or any other powerful drug for over two weeks, or usually for more than one week without interruption, and finds it more effective in this way. He has never yet seen a case of "snappy heart" from the use of strychnia in cardiac disease, though such a condition might result from overdosage, and he suggests that there is a tendency in reviewing our failures to incriminate ourselves and our drugs, and that strychnia may have unjustly suffered in this way.

Within the above limits of safety the danger from the drug must be very exceptional. No class of physicians employs this agent more freely than the neurologists, and it is not from them that we principally hear the warning of its dangers, notwithstanding the fact that the doses given are sometimes almost excessive. An example is the use of progressively increasing doses of strychnia in certain spinal diseases advocated years ago by Jewell and more recently by Hammond and, apparently, without fear of damaging effects. If the system can adapt itself, as it appears it can, to doses of more than a grain of strychnin daily without acute toxic symptoms it would seem that its poisonous effects were subject to some exceptions. While it is a drug that must not be incautiously used, nevertheless it does not deserve all the condemnation it has received. There is hardly any more reliable and useful agent in the pharmacopeia, and if it is as dangerous as some suggest, it is time for a thorough reinvestigation of the subject.—*Jour. A. M. A.*



# SOCIETY PROCEEDINGS

## *The Noble County Medical Society.*

The regular meeting of the Noble County Medical Society was held in the parlor of the Reyher House, at Kendallville, on Tuesday, September 8th, 1903, under the presidency of Dr. F.W. Black, of Ligonier. Owing to the efforts of the Secretary, Dr. N. J. Shook, of Kendallville, a large attendance was secured, and this always speaks well for the Noble County Society, which is one of the progressive organizations of Northern Indiana. Dr. Albert E. Bulson, Jr., of Fort Wayne, Secretary of the Council of the Indiana State Medical Association, was present to assist in the work of reorganization to conform with the requirements of the American Medical Association as well as the State organization. The new county constitution was adopted, with the plan of organization so far as the officers are concerned remaining the same as before. On motion a membership committee was appointed to solicit applications for membership from all eligible physicians in the county who are not at present members of the society. An excellent scientific program was presented, the following papers being read and thoroughly discussed: "Biliary Obstruction as a Cause of Nephritis," by Dr. M. F. Porter, of Fort Wayne; "A Few Things Worth Remembering in Surgery," by Dr. J. C. Fleming, of Elkhart, Ind.

## *Allen County Medical Society.*

The first meeting of the Allen County Medical Society following the usual summer vacation was held in the assembly room of the court house on Tuesday evening, September 1. Dr. M. F. Porter presented a paper on "Biliary Obstruction as a Cause of Nephritis." The intimate physiological connection between the liver and kidneys was mentioned, and attention called to the fact that nephritis has been frequently observed to follow diabetes and lithemia. Abdominal operators have long held that biliary obstruction deranges the kidney function, and the essayist reported six deaths from urinary suppression due to cholemia, occurring in his practice. Hemorrhages attributed to cholemia may be due to interstitial nephritis. Kehr attributes suppression of urine to



dilated stomach, but in Dr. Porter's cases there was no dilatation of the stomach. There is a possibility of nephritis developing independently or as a result of the anæsthetic in gall-stone cases. The fact remains that nephritis is one of the most common and fatal complications of biliary obstruction, and the teaching of our text-books with reference to this subject must be revised. One of the principal reasons for early operation in gall-stone disease is to avoid kidney complications, and the dictum of Kehr to "quietly await" is pernicious. All cases of common duct obstruction with manifest kidney involvement should not be refused operation, but should be operated perhaps under local anæsthesia with a view to curing the nephritic involvement by relieving the biliary obstruction.

Dr. W. C. Gross presented a paper on chemical pathology in which he described the trip of an Ion through the system, showing chemical changes produced during health and disease. The query was given, "Are these changes responsible for certain pathological conditions, and how can this best be determined?"

At the regular meeting Tuesday evening, September 15, Dr. S. E. Mentser presented a paper on "Cirrhosis of the Liver." The essayist called attention to the mistake sometimes made of confounding atrophy of the liver with sclerosis. The former occurs commonly with obstructive diseases of the heart and lungs, the latter following a prolonged use of alcoholic stimulants, or produced by syphilis. Cirrhosis of the liver is an inflammation of the intervening connective tissue, chronic in its progress, resulting in an induration or hardening of the organ and atrophy of the secreting cells. It is characterized by gastro-intestinal catarrh, emaciation, slight jaundice and ascites. The essayist said that persistent gastro-intestinal catarrh and frequent attacks of jaundice in a drinking man are suspicious. Abdominal dropsy and decided emaciation are characteristic of sclerosis of the liver. The prognosis is unfavorable, the average duration of life after the appearance of the dropsy being from six months to a year. Treatment is largely palliative, though much can be accomplished by laxatives and diuretics. During the latter stages tapping the abdomen as a relief from ascites is imperative. Dr. M. F. Porter presented a paper entitled "Sketch of the Life of Dr. James F. Hibbard." This paper has already been reproduced in the September JOURNAL-MAGAZINE.

At the regular meeting Tuesday, September 29, Dr. Henry



Ranke presented a paper on "ear-ache." The essayist said that may arise from a variety of causes. It is usually produced by an acute catarrhal inflammation of the middle ear, with attending pressure and consequent pain. In infants and young children ear-ache is frequently an accompaniment of the teething process, or may follow in the wake of enlarged tonsils or adenoids. It is also a symptom of the middle ear inflammation sometimes accompanying contagious and infectious diseases of childhood. Ear-ache may also be a manifestation of an impoverished nervous system, or occur as a reflex manifestation. Treatment will depend upon the nature of the condition causing the pain. With marked inflammation of the middle ear and evidence of the accumulation of fluid back of the drum, opening the drum membrane is satisfactory treatment. Much, however, can be accomplished from eliminative treatment if adopted early, and the employment of heat directly in the auditory canal to produce relief from pain.

Dr. L. P. Drayer reported cases of puerperal nephritis, and brought up the very interesting subject of the advisability of bringing on premature labor in the presence of this complication. He reported that in his experience well developed nephritis during pregnancy had frequently resulted in the loss of the child at termination of pregnancy, and in some instances the life of the mother as well. In one of his later cases the mother had exhibited unmistakable signs of nephritis (casts and albumen in the urine) several weeks before the termination of pregnancy. At the end of the eighth month the child was alive, though at the termination of the pregnancy, a month later, it was born dead and presented evidences to indicate that it had been dead for ten days or two weeks. The essayist argued that had premature labor been brought on at the eighth month, a living child would probably have been born and the mother would probably have had less dangerous symptoms than those which accompanied the labor at term. The essayist seemed to favor the production of premature labor in those cases where the presence of nephritis seemed to indicate danger to the life of the mother as well as the child. He stated that he felt satisfied that in some of his cases that had terminated fatally, both as to the life of the mother and child, that the life of both mother and child might have been saved, or at least one of them, had premature labor been brought on before the onset of convulsions and other dangerous symptoms.



# MEDICAL REVIEWS

## Department of Medicine and Therapeutics

In Charge of George W. McCaskey, A. M., M. D.  
Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

### *The Treatment of Malignant Diseases by Electrical Methods.*

A discussion before the British Medical Association.

The president, Dr. H. Lewis Jones, took a conservative position regarding what had been, really proven: "In looking through the published records of the use of the X-rays in cancer one can not help feeling surprised to find how few of the alleged successful cases have been so recorded as to carry to those who read a reasonable conviction of success, and this, too, in spite of the fact that hundreds of people are working at this subject and scores, if not hundreds, of cases have been treated. Half a dozen cases of unmistakable cures of undoubted cancer, if minutely reported, would be worth more just now than any number of vague statements about partial improvements, favorable effects and the like. The more one examines published statements the more suspicious one becomes. In most of them there is some flaw in the evidence. Either the diagnosis is uncertain or the patient is not more than partially relieved at the time of writing, or he has been so unfortunate as to die from some intercurrent disease. It is greatly to be wished that all medical men who have recorded favorable cases will periodically supply further notes of the later progress of their patients. In short, while there is a quantity of evidence to support the contention that the X-ray acts beneficially in malignant disease, the amount of evidence to show that cures have resulted is lamentably meager."

The writer suggests a possible explanation for this failure of complete cure as due possibly to some fault in the technique, to the choice of cases or to some fundamental condition which is at present entirely unknown. Regarding the technique he raised the question whether the high tube or the low tube should be used or whether we must learn that some tubes do not give out the curative rays, even though the vacuum may be the one desired. It is also possible that failure may be due to a lack of perseverance in the treatment. Another unsettled question is whether or not



it is desirable to cause a dermatitis. Observers differ very markedly in their views.

Personally he recommends that all opaque masks should be avoided, because these might prevent the rays from reaching some remote focus of the disease. He uses a median tube with the anti-cathode red-hot. He avoids dermatitis. He treats the patient three, four or five months. The primary growth should be thoroughly excised and then the ray treatment should follow immediately. In the discussion which followed a number of the members reported that there is every reason for hoping for an ultimate cure. Several spoke favorably of the high frequency current and the static treatment, although no detailed cases were reported.—*American Electro-Therapeutic and X-Ray Era*.

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#### ***Medical Gymnastics and Massage.***

Olsson, in *Pacific Medical Journal*, says: "Of the therapeutic value of gymnastics and massage, when judiciously used, there is no doubt, but it is for the physician or surgeon to say when it should be applied. He will be guided by the condition of the patient, and the effect he desires to produce, in directing the employment of different modes of mechanical treatment. The gymnasts should always confine themselves to their gymnastic treatment and leave to the physician the diagnosis and the prescriptions. If it were so the prejudice now prevailing on the part of the latter would be removed, and mechano-therapy would gain for itself and its practitioners the confidence of the medical men and the position as a prominent part of medicine to which it is properly entitled.

The gymnastic and massage treatments act essentially by increasing circulation and improving nutrition. It has been shown by Lander Brunton that more blood actually flows through the tissue during and after rubbing. The number of red corpuscles and, to some extent, their hæmoglobin value is also increased. At the same time the movement of the lymph stream is also accelerated. In order to assist flow of blood and lymph, stroking is applied centripetally, that is, upward along the limbs and lower part of the body, downward from the head.

The effects of the increased physiological activity set up are numerous. Functional ability and strength are restored and exhausted muscles by the removal of waste products and the induc-



tion of a fresh blood supply. Congestion is relieved; the renewal of the epithelium of the alimentary canal becomes more active and the smooth muscle fibres are stimulated, collections of serous fluid are dispersed, secretion and excretion are increased, and the appetite is strikingly improved as are local and general nutrition. These effects indicate the conditions in which medical gymnastics or massage may be usefully applied. These are most heart diseases, muscular wasting, chronic and subacute affection of the joints, sprains and contusions, dislocations, fractures, and in fact almost always after surgical operations, when functional power has to be restored. In muscular rheumatism, sciatica, and other neuralgias, contractions, insomnia, and some forms of headache, in local congestions, inflammatory and other affections of the eye, mechano-theapeutic treatment is beneficial.

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#### ***The Result of One Year's Treatment in Gastropotosis.***

At a meeting of the Medical Society of the State of Pennsylvania, September 24, 1903, Steele and Francine read a paper on this subject embracing one year's work in the Medical Dispensary of the University of Pennsylvania.

Thirty cases had been observed for an average period of somewhat over fourteen months, with particular reference to the following points: (1) In what proportion of cases presenting signs of gastric indigestion and in which gastropotosis has been demonstrated are symptoms due to downward displacement of the stomach? (2) Does long continued mechanical support permanently restore the stomach to its normal position? (3) What is the prognosis of the condition? The answer to the first question was that in about one-fifth of the cases no cause could be found for the anacidity and symptoms of gastric indigestion and fermentation except gastropotosis. All these patients improved greatly, and were now practically free from symptoms. The treatment was regulation of the diet, mechanical support, with occasional doses of hydrochloric acid and lavage at intervals. In the other four-fifths of the cases symptoms of gastric disorder could be distinctly traced to neurasthenia, gastric motor insufficiency and dilatation and chronic constipation, or passive congestion of the stomach. It was considered that gastropotosis in these cases was probably a link in the vicious circle.

The second question was answered in the negative. In all



cases examined after a year of constant mechanical support the stomach was exactly in the same position as when first examined.

In the third consideration, in those cases in which the gastric symptoms were caused by uncomplicated downward displacement of the stomach the results had been very gratifying. The fight was to be a long one, but all the patients of this character were practically free from symptoms after one year. In the remaining four-fifths the prognosis depended upon the dominating factor in the patient's condition, and, of course, varied with each one.—*New York and Philadelphia Medical Journal.*

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#### ***Northern Tri-State Medical Association.***

The mid-winter meeting of the Northern Tri-State Medical Association is to be held at Elkhart, Ind., the first week in December. We are advised that one of the best programs ever presented before the Association is now being prepared. Aside from volunteer papers several papers by special invitation will be read. Every reputable physician in Northern Indiana, Northwestern Ohio and Southern Michigan is invited to join the Society, and volunteer papers from members will be accepted for the program for the Elkhart meeting.

The officers of the Association are: President, Dr. G. W. Spohn, Elkhart, Ind.; Vice President, Dr. W. H. Baldwin, Quincy, Mich.; Secretary, Dr. J. R. Williams, White Pigeon, Mich.; Treasurer, Dr. A. G. Holbrook, Coldwater, Mich.





# DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.  
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

## *Management of Premature Labor.*

The usual precautions taken in normal cases should be observed, says E. P. Davis, with special care to avoid rupture of the membranes. When dilatation is but partly complete, use elastic bag or intrauterine tampon of aseptic gauze. If placenta is retained, antiseptic delay may be practised until spontaneous expulsion, if no hemorrhage occurs. If bleeding is present, anesthetise, dilate uterus and remove placenta completely.—*Medical Herald*.

## *Why Gynecological Operations Fail.*

A paper on the above subject (*Buffalo Medical Journal*) by Sigmund Goldberg concludes as follows:—

“1. That all so-called minor gynecological operations, to be of any permanent benefit, must be performed within at least one year from time of the infliction of the original lesion.

2. That after the passage of about a year, either Alexander's operation, trachelorrhaphy or curetage, or all combined, will be insufficient to restore patient to perfect health.

3. The reason for such failure in the great majority of such cases, after one year, is because the adnexa are sure to be involved.

4. The best course will be to do some operative procedure intraabdominally, and not by the internal inguinal ring puncture of Goldspohn, but by free incision, so that the exact condition can be ascertained and properly treated, and this I hold to be proper rather than to depend upon the uncertainty of physical palpation.”

## *Traumatic Tetanus.*

Elsässer (*Deutsche Zeitschrift f. Chirurgie*) gives an exhaustive analysis of all the cases of traumatic tetanus observed in Kocher's clinic at Bern, and descants particularly on the results of the various modes of treatment employed. These embraced a number of variants of the usual combinations of narcotics, saline infusions,



serum, and carbolic acid, and from the statistics obtained he has elaborated a definite plan to be followed as routine.

1. Energetic and prompt disinfection of the wound with tincture of iodine, carbolic acid, and in some cases the thermocautery.

2. The immediate injection of serum, either subcutaneous or intravenous, or in urgent cases intracerebral or subdural (lumbar puncture), in order to neutralize any free toxine circulating in the blood.

3. The free administration of opiates to anticipate convulsions. Most advantageous are chloral hydrate and morphine alternately. When necessary chloroform temporarily for severe seizures, accompanied by dyspnea.

4. The systematic injection of carbolic acid in doses of fifteen minims of a 3 per cent. solution every one or two hours, according to the severity of the case.

5. Subcutaneous infusions of salt solution for the purpose of contributing fluids in all cases, particularly when swallowing starts convulsions.

6. Feeding per rectum, and, when indicated, by subcutaneous injections of oil (three to six ounces) as recommended by Leube.

7. Isolation of the patient to avoid external stimuli.

The greatest stress is laid on thorough disinfection of the wound at as early a date as possible, and for this purpose the two agents indicated, iodine and carbolic acid, are by far the most active. The tetanus serum, while of undoubted value, labors under the disadvantage of almost never being administered until the disease is well established, but the carbolic acid injections, first advocated by Baccelli, have a great and well demonstrated curative value. The mortality of the cases treated in the clinic according to the various older methods is 58.3 per cent., a remarkably favorable figure.—*N. Y. Med. Record.*



# DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.

Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort  
Wayne College of Medicine.

## Local Anesthesia.

The following simple method of producing local anesthesia is noted in an abstract appearing in the *Medical Age*, in which a solution composed of adrenalin chlorid and cocain is used in the following proportions:

Ry.	Sol. adrenalin chloridi.....	℥ii	8	30
	Cocainæ hydrochlor.....	gr. v		
	Aquæ.....	℥ss	15	

M. Sig.: Fold lint into four layers and saturate it with the foregoing solution and place it on the positive electrode of a galvanic battery. A large negative electrode should be applied elsewhere, and a current of 15 to 30 milliamperes gradually turned on and continued for 15 or 20 minutes. The surface should then be washed with ether, when superficial operations may be performed without pain and with no loss of blood. [The strength of the adrenalin solution is not given, but either 1-1,000 or 1-5,000 may be used.]—*Journal of the American Medical Association*.

## Potassium Copaibate.

This preparation, which Kolipinski finds decidedly advantageous, is prepared by mixing 8 parts by weight of copaibate with 1 part of potassium hydrate in a small quantity of water. On stirring, saponification results. By standing three or four days, the volatile oil stays at the top, potassium copaibate in the middle, and the lowermost layer is the residue of uncombined alkali in water. It is gelatinous at 50 F., thick and oily at 63 F., and quite liquid at 70 to 80 F. Its reaction is alkaline. It dissolves rapidly in alcohol, ether, and chloroform. It is best given in gelatin capsules in doses of 50 to 150 gr. per day. Four to twelve capsules represent the average daily amount. The average man will tolerate two capsules three times a day; robust men twelve daily, and those easily purged will not be able to take more than four for some length of time. Its by-effects are similar



to those of the crude drug, though less severe. It has all the virtues commonly ascribed to copaiba, with special ones due to its solubility, and it is more palatable than the latter. It reduces the danger of complications to a minimum so that gonorrheal bubo, epididymitis, cowperitis, prostatitis, vesiculitis, cystitis and stricture are seldom seen to arise.—*Medical News, Journal of the American Medical Association.*

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#### ***Ichthyol in Puerperal Fever.***

MacPherson has treated five cases of puerperal fever, with brilliant success, by means of ichthyol. Two methods of using the drug were employed. Three patients had their uterus packed at intervals with gauze saturated with dilute ichthyol. Two of the patients had equal parts of ichthyol and glycerin, in one drachm quantities, injected into the uterus. The author sums up the results he has obtained as follows: "The remarkable results which have followed the use of ichthyol in these five cases, three of which were desperate ones, have led me to believe that it is a valuable remedy in this dangerous disease. The objection may be made that the packing had as much to do with patient's improved condition as the ichthyol, but in two of the cases reported no packing was used, and the drug was simply injected into the uterine cavity after free irrigation. I am aware that at least one case of severe depression following the application of ichthyol to the the cavity of the uterus has been reported. But no such untoward symptoms appeared in any of the cases here mentioned. However all these patients were being well stimulated with strychnine and ammonium carbonate at the time. Instead of any unpleasant symptoms arising, exactly the opposite were observed; in fact, the drug acted like a specific. Not only were the pulse and temperature reduced, rigors ceased and discharge lessened, but patients had a feeling of well-being following the use of ichthyol, which was a pleasant contrast to the appearance of mental and physical suffering which one often witnesses in these cases.—*Medical Record, September 12, 1903.*

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#### ***Treatment of Rheumatoid Arthritis.***

Merrins, *New York Medical Journal*, September 19, 1903, advises that the treatment of this disease consist of: 1. The removal of whatever source of toxic infection may be found to be present, as dental caries, chronic indigestion, uterine disease, etc. 2. Elimination of poison from the system. 3. Repair of ravages of disease by (a) liberal diet; (b) administration of restorative and tonic medicines, as iodide of iron; (c) exercises to strengthen and develop atrophied muscles, massage and Swedish movements; (d) surgical measures where needed to correct deformity and secure movement in ankylosed limbs. 4. Relief of pain and the induction of sleep, saving drugs as a last resort for such purposes.



## DEPARTMENT OF OPHTHALMOLOGY OTOLOGY, LARYNGOLOGY & RHINOLOGY

In Charge of Albert E. Bulson, Jr., B. S., M. D.

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

### *Rupture of the Ear Drum from Osteopathic Treatment.*

The editor of this department was recently consulted by a young man of 22, of more than average intelligence and apparently in good physical condition, who reported that he was suffering from impaired hearing supposedly produced by the vigorous manipulations of an osteopathic physician whom he had consulted for the treatment of a mild attack of rheumatism of the neck and shoulders. The patient reported that previous to consulting the osteopathic physician a day or so before there were no symptoms referable to the ear, and so far as he knew the ear was practically normal. During the manipulations resorted to by the osteopathic physician in the treatment of the rheumatic affection, the skin and underlying tissues about the shoulders, neck and head were very vigorously kneaded, pulled and patted. During one of the movements the patient was given a sharp slap over the right ear, followed by a vigorous pulling and kneading of the external ear. The manipulation was accompanied by a sharp pain in the ear, and followed by impairment of hearing on that side. At the examination several hours later the right ear drum was found ruptured, there being an irregular tear in the posterior quadrant. The tympanum appeared fairly normal otherwise, there being no marked evidences of inflammation. A slight sanguinous discharge followed for a few days, with subsequent closure of the perforation, and eventually fairly normal hearing. The case is interesting as indicating some of the possible evil effects attending the vigorous treatment sometimes employed by osteopathic physicians.

### *Argyrol in Infective Diseases of the Anterior Chamber.*

At a recent meeting of the Chicago Ophthalmological Society Dr. Albert E. Bulson, Jr., of Fort Wayne, reported cases in which argyrol in solution of 10 to 50 per cent. had been employed not only as an application to the conjunctiva and cornea in infective conditions, but had been injected directly into the anterior chamber when the infection had reached the anterior chamber through perforation of the cornea or otherwise. Satisfactory results were reported from this treatment in cases of hypopyon from some of the more virulent infections, such as from streptococcus and gonococcus. The very decided antiseptic effect produced by the injections of argyrol into the anterior chamber was not attended in the cases reported with any evidence of ill effects.





## BOOK REVIEWS

***Progressive Medicine.***—A quarterly digest of advances, discoveries, and improvements in the medical and surgical sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; Member of the Association of American Physicians, etc. Assisted by H. R. M. Landis, M. D., Assistant Physician to the Out-patient Medical Department of the Jefferson Medical College Hospital. Volume III., September, 1903. Diseases of the thorax and its viscera, including the heart, lungs, and blood vessels; Dermatology and syphilis; diseases of the nervous system; obstetrics. Lea Brothers & Co., Philadelphia and New York. 1903.

The last volume of this excellent and well-known series includes diseases of the thorax, dermatology and syphilis, diseases of the nervous system and obstetrics.

The section on diseases of the thorax, edited by Dr. William Ewart, contains much of value to the general practitioner. Among the points of especial interest may be mentioned the subject of arterial blood pressure from a clinical standpoint which is attracting much attention during the last few years. While there is considerable variation of blood pressure in health the ordinary range is from 100 to 125 millimeters of mercury, rising very high above this in diseased conditions of the arteries and, of course, falling very low in asthenic states. A pressure of 200 millimeters is dangerous and anything above this especially so. More attention ought to be given the clinical determination of the pressure in the blood vessels.

The subject of sanatorium treatment for the consumptive poor has received much attention in both the old world and the new and should be looked upon as one of the most important means of limiting the spread of pulmonary tuberculosis. While such treatment is very expensive, money invested in this way will yield very large returns to society and will actually pay from a strictly financial point of view to say nothing to the suffering and bereavements which would necessarily be limited to the same extent.

The effects of overstrain of the heart is receiving increasing attention owing to the growth of industrial insurances. The vulnerability of the heart muscle to permanent injury by overstrain is a fact which should be more widely recognized than it is.

Disease of the nervous system by Dr. W. G. Spiller contains a great deal of practical interest.



In the discussion of concussion of the brain, Page expresses the rather startling opinion that when severe trauma of the head occurs, fracture of the skull may be of practical benefit as the opening permits of the escape of blood. He does not, however, recommend it as a therapeutic measure, but only recognizes its advantage when present.

The matter of spinal localization of peripheral nerves has received some important contributions during the past year, it being shown, for instance, that in an attack the motor fibres of the musculo-spiro nerves rise in the seventh and eighth cervical and first thoracic segments while those in the median rise in the eighth cervical and first thoracic and those of the ulnar in the eighth cervical. The highest importance attaches to these conclusions as they are invaluable in the localization of spinal disease.

This volume concludes with an excellent section on obstetrics and altogether is fully equal in elegance of mechanical structure and subject matter to its predecessors, to say which is unstinted praise.

G. W. M.

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*A Nurses Handbook of Obstetrics.*—For use in Training Schools. By Joseph Brown Cooke, M. D., Philadelphia and London. J. B. Lippincott Co. 1903.

This book is methodically written and covers the various subjects in a very complete and satisfactory manner. The illustrations are numerous and good. A key to pronunciation and a glossary add much to the value of the work. It may be truly said that there was a real need for a work on the subject of obstetric nursing and just as truly may it be said that the one under consideration supplies the need satisfactorily.

M. F. P.

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*The Practical Medicine Series of Year Books.*—Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Issued monthly. Under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume VIII. *Materia Medica and Therapeutics, Preventive Medicine, Climatology, Suggestive Therapeutics, and Forensic Medicine.* Edited by Geo. F. Butler, Ph. G., M. D., Henry B. Favill, A. B., M. D., Norman Bridge, A. M., M. D., Daniel R. Brower, M. D., Harold H. Moyer, M. D. July, 1903. Chicago, The Year Book Publishers. 40 Dearborn Street.

This volume deals with *Materia Medica and Therapeutics, Preventive Medicine, Climatology, Suggestive Therapeutics, and Forensic Medicine.* The section on *Materia Medica and Therapeutics* edited by G. F. Butler contains a very full resume of the advances along this important line. Many interesting points are noted, among which may be mentioned the employment of vera-



trum viride in grave conditions of sepsis including eclampsia and pneumococcus infection. Serum therapy receives considerable attention although not very much that is new is offered. Antitetanic serum appears to occupy a doubtful position. The view is expressed that tetanus is more amenable to treatment in some countries than in others, and it is asserted that in Italy it is more or less amenable to any treatment. The percentage of recoveries in that country following Bacelli's carbolic acid treatment and the use of Tizzoni's and Behring's serum are astonishingly large. The serum therapy of streptococcus infections is in a hopeless muddle because of the large variety of streptococci concerned in the different cases and possibly even in the same case, while some progress seems to have been made in the serum treatment of pneumonia treatment and plague.

Preventive Medicine edited by Dr. H. B. Favill recites the achievements in this department of medicine, the most attention being naturally given to tuberculosis and typhoid fever.

Space will not permit of further selections being made from the many valuable ones worthy of notice, but the series is once more cordially recommended to those who desire a well digested succinct account of medical progress.

G. W. M.





# Fort Wayne Medical Journal-Magazine

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## EDITORIALS

### *A United Profession in New York City.*

The *Journal of the American Medical Association* announces that the grounds for discord which have so long existed between the members of the profession of New York State have been removed, and there is no longer any reason whatever why there should be two opposing medical organizations each having the same objects. The committee appointed by the New York State Medical Association has met with a similar committee from the Medical Society of the State of New York, and as a result of the conference the plan of union of the two societies has been duly adopted. Commenting on this fact the *Journal of the American Medical Association* says that "with a united profession acting as a unit in the State the possibilities for advancing medical interests and forwarding the necessary measures, legislative and otherwise, for the protection of the public as well as for the welfare of our profession, will be doubled. We know from the activity of the bodies separately what they can do united. We sincerely hope



that there will be no serious difficulty or delay in bringing about harmony in the Empire State, which has for years been so anxiously hoped and watched for by the profession of the whole country and the lack of which has been a misfortune to all concerned. Union must come; to delay it is worse than folly." A. E. B.

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### ***Colorado Invites Consumptives.***

A year or so ago there was considerable agitation with reference to the report of objection on the part of Colorado people to the admission of consumptives to the larger cities and towns in Colorado on the ground that it endangered the lives of the Colorado inhabitants by increasing the amount and sources of infection. It was even reported that the Colorado legislature was to be appealed to for the passage of a law restricting, if not preventing, entrance of tuberculous persons to the State. Many invalids who sought benefit from the Colorado climate have reported that in some of the cities and towns it was almost impossible to secure board and lodging as a result of the determination on the part of residents to keep out tuberculous persons. In some instances consumptives, after a fruitless endeavor to obtain rooms and board, and repeated refusals on the part of hotels and boarding houses to even give shelter, have been compelled to return to their homes in the Eastern States discouraged and broken-hearted, with an earlier fatal result brought about through the unhappy experience. In view of this attitude, which could be considered in no other light than inhumane as well as illegal, it is particularly refreshing to receive an announcement from the Chamber of Commerce of Colorado Springs, inviting invalids, and particularly those suffering from tuberculosis, to take up residence in Colorado Springs, where the dry aseptic air offers the best possible climatic treatment for this class of diseases. The pamphlet even quotes a well known authority on the subject of "The Climatic Treatment of Tuberculosis" in the following: "No factor at our command today is more potent in effecting a cure, and, in the majority of cases, in ameliorating the symptoms of tuberculosis, than the influence of a proper climate. The general practitioner and the health boards of our municipalities must put their trust first and foremost in a land where sunshine is longest, relative humidity lowest, and yet with sufficient altitude and certain necessary atmospheric conditions to produce the essential results." Commenting on the various places



which afford these advantages the same authority says: "Colorado Springs, a city of 25,000 inhabitants, with an altitude of 6,022 feet, offers, in my opinion, the greatest all-around advantages of any place in this country. Its days of perpetual sunshine, its charming life, its great dryness, and I do not recall now one cloudy day in the spring and summer of 1894; its environs, delightfully hospitable people—everything done for the invalid by those who are now cured—makes it stand foremost to my mind as an ideal place." Whether the sharp criticisms brought out as a result of the former position taken as to the entrance of tuberculous persons to the State of Colorado, or a twinge of conscience as to the inhuman action in opposing that which offers the only hope for a large class of sufferers, is responsible for this change of attitude, is not worthy of consideration. We are only glad to note that the people of Colorado, many of whom have been restored to health as a result of the climate, invite consumptives from any quarter of the globe to take up residence in that State, where the climatic conditions are so favorable to recovery in this class of cases.

A. E. B.

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***Laboratory Aids to Diagnosis for the General Practitioner.***

Dr. V. A. Robertson presented a paper at the recent meeting of the New York State Medical Association in which he advocated a more general employment of laboratory aids as a means of determining proper diagnosis. The thoughts expressed are worthy of consideration by every physician in general practice who desires to be progressive and do justice to himself and his patients.

He said (*Medical Record*) that a laboratory could be fitted up at slight cost, the chief expense being the microscope. The latter should be provided with  $\frac{2}{3}$ -inch and  $\frac{1}{6}$ -inch dry objectives and a  $\frac{1}{12}$  oil immersion lens. Examination of the sputa for tubercle bacilli should certainly be made by the physician himself. In recent years so much aid has been derived from blood examinations that the up-to-date physician feels the necessity for adding these to his resources. The occurrence of leucocytosis is of great diagnostic value. Its absence in certain affections in which it would be naturally expected to occur affords a useful hint. Leucocytosis is absent in malaria, most cases of influenza and measles. If found during the course of typhoid fever, it may point to impending perforation of the bowel. The number of leucocytes in any



acute affection are said to be directly proportionate to the intensity of that infection. The diagnosis of malaria should never be based upon the clinical symptoms alone. The Widal reaction can not readily be made by the general practitioner unless he can obtain a fresh culture of the typhoid bacillus. Ehrlich's diazo reaction is within the reach of the general physician, and although present in other diseases, it is of considerable value in the diagnosis of typhoid fever. The diagnostic value of the pneumococcus is undisputed, and this organism can often be recovered from the sputum before the physical signs warrant a diagnosis of croupous pneumonia. The examination of the gastric contents is of great diagnostic value, and should be more commonly employed in general practice. In case of dysentery the fæces should be examined for the amœba coli.

A. E. B.

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### ***"Snap Diagnoses."***

It is safe to say that every practicing physician makes mistakes. These mistakes are no more to his discredit than are the mistakes of men engaged in other occupations. Sometimes they mean the prolongation of suffering or the loss of a life, but so do the mistakes of train dispatchers and trainmen. "To err is human."

In the profession of medicine he is counted most successful among his brethren who makes fewest errors and is best qualified to relieve pain. The proficiency of such a one is attained gradually and is the product of many influences. He must be studious above all other things, ever alive to the advances constantly being made in his science so that he may appropriate to his use whatever is helpful to him in the diagnosis and treatment of disease. He must be able to profit by his mistakes and have the lesson so indelibly impressed upon him that no similar error can be laid at his door in the future. Such a physician will rarely if ever make a "snap diagnosis," for "things are seldom what they seem." There are very few cases that can be recognized at a glance in their entirety, however plain some phases of them may appear. All are familiar with the frequency with which stomach disorders are associated with the onset of chronic ulcerative phthisis, and yet it is a common mistake for many practitioners to make. The trouble lies in the tendency every one has to take things for granted, to jump to conclusions, to make a "snap diagnosis." Had the author of such a mistake taken pains with his work, had



he brought to his aid all the resources of laboratory and microscope, had he used all the knowledge he himself possessed on the subject, the error would not have occurred and valuable time would not have been lost.

To illustrate the fallacy of making a snap diagnosis the following experience may be cited; the writer was engaged in clinical work in a local institution recently, and upon asking what material was present that could be utilized was informed that among others there was a case of typhoid that had sustained a sudden fall of temperature to 95 2-5° F. the day before. The case was seen for the first time with the students present and a hasty examination revealed a tympanitic abdomen, with a well marked petechial eruption, an enlarged area of splenic dullness, some bronchitis, a furred tongue and a semi-comatous condition. The heart seemed fairly strong. The temperature had shown tolerably even exacerbations in the later part of the day except where influenced by antipyretic measures. The diagnosis was concurred in upon these findings, even in the absence of a diazo reaction which had been sought for. The normal mental condition of the patient was such that no clear history of his illness could be obtained. The sudden drop in the temperature was thought to indicate perforation of a typhoid ulcer, because several subsequent stools showed no blood and because nothing else could be found to account for it. This conclusion was emphasized by the fact that the tympany had increased considerably since the fall, but the pulse seemed rather better than is usually seen after perforation. An early fatal prognosis was given. He was next seen a week from that date still alive and in better condition than before. The heart was now found pushed over greatly to the right, and the whole left side was flat, with complete absence of the breath sounds. There was also found a flat swelling in the left iliac region seemingly in the abdominal wall. This abscess dissected its way down and ulcerated through the scrotal wall where it began discharging. The left chest was aspirated twice. After several pints of fluid were withdrawn he went into collapse and died. The autopsy showed a psoas abscess which had probably excited the pleurisy through the diaphragm. There was no ulceration of the glands of the intestine, but portions of the bowel were glued to the abdominal parietes on the left side over the abscess, and the fall of temperature before alluded to probably meant the lighting up of this patch of peritonitis or its extension. The difficulties



attending a diagnosis in this case were greater than usual, yet had we the opportunity to treat it again it is fair to presume the diagnosis of typhoid would not have satisfied us.

The only way to avoid such errors is to study each case exhaustively, and even then we will be confronted occasionally by evidences of mistaken judgment; but such occurrences will have been reduced to a minimum.

B. VAN S.

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### ***Collecting Agencies.***

It has long been understood that no class of people are so easily duped as physicians. Medical men are readily influenced by friends and acquaintances who offer all sorts of "get rich quick" schemes requiring an investment of the physician's hard earned money. While not the same pecuniary loss is attached to the scheme proposed by collecting agencies to collect the physician's bad accounts, yet the plan as usually proposed gives profit to the collection agency only, and indirectly works harm to the physician. The contract submitted by the agency is usually very adroitly worded, but if studied carefully it will be found that the collection agency has made the collection of their fee quite sure whether any service is rendered the client by the collection of his accounts or not. In every event the agency is the one most benefitted. As has been said by the editor of the *Charlotte Medical Journal*, who comments on this subject, "there is no physician but who will be able to collect more from a list even of quite old accounts if he goes about it in a business-like manner, and he will remain in a much kinder position before each person from whom he collects accounts as well as from those with whom he fails. For the few dollars that he might possibly collect through such foreign aid he will have more ill feeling than will justify him. Every physician should use all reasonable means for collecting his just dues, but the methods pursued should be those which do not work an injustice to him by enriching someone else and bringing about enmity of the client."

Every honest doctor should receive his just dues for the service which he renders. In every instance where the person who is responsible and who is in a financial position at all to pay for what is received, the fee should be collected and that soon after the service has been rendered. The benefit which a physician renders is usually a commercial one as well as an act of mercy.



The longer a physician allows his accounts to remain on his books uncollected the less likelihood there will be of his receiving compensation for the services rendered. It has become customary to pay the doctor last because the doctor is willing to be paid last. No worthy client will be offended by receiving a statement of account from his physician soon after the services have been rendered, and the physician who presents his statements to his clients immediately after the completion of professional services and insists upon prompt payment from those able to pay, will stand highest in the estimation of his clients, both as a physician and a business man, and in the end have the most to show for his work. An account which cannot be collected in the ordinary way, within a reasonable length of time subsequent to the rendering of the services for which the charges were made, had best be charged to the "dead beat" account rather than be turned over to a collection agency which at best will obtain but a partial payment in the majority of instances after threats, legal proceedings, and other questionable methods which make of the client an avowed enemy of the physician when even in the event of his not paying the account he would remain at least an inoffensive non-patron.

A. E. B.

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***The Northern Tri-State Medical Association.***

On another page we publish the complete program for the meeting of the Northern Tri-State Medical Association which is to be held in Elkhart, Indiana, December 1st. By reference to the list of papers offered it will be seen that the Elkhart meeting promises to be one of unusual excellence, and indications now point to a very large attendance. The place of meeting is easily reached by numerous trunk line railroads, the season of the year is favorable for most physicians to get away from home, and the medical profession of Elkhart has made preparations for entertaining the visitors in a fitting manner. Much credit is due the present officers of the Association for active work in preparing the program for the meeting and stimulating new interest and vigor in an organization that a few years ago seemed destined to die for want of proper management. Under new methods and in capable hands the Association has within the past year given evidence of again assuming the importance that it once occupied as one of the banner medical organizations of the central states.

The Northern Tri-State Medical Association has a legitimate



right not only to exist but to be the leading medical society in the region covered by its membership, which is northern Indiana, southern Michigan and north-western Ohio. Every reputable physician in this territory should be interested in and support such an organization, and we believe that the Elkhart meeting will be the means of bringing a larger number of active and progressive physicians into co-operation, to the end that the society shall regain its position as an important factor in the scientific and social interests of the medical profession. No medical man who attends the Elkhart meeting will go away feeling that he has not been amply repaid for time and money spent in attendance, and we join the officers in a plea for attendance by every physician who can possibly get to the meeting. A. E. B.

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***Judgement Against Faith Curist Confirmed.***

We are informed by the *N. Y. Med. Jour.* that Judge Haight of the Court of Appeals has sustained the judgment of the lower court in finding guilty a "healer" who allowed his little daughter to die of broncho-pneumonia without medical aid. Let the good work go on. A few stiff judgments may bring these fellows to a sense of their responsibility. To reason with one who is a faith curist for revenue only is to "cast pearls before swine." Many faith curists are honest no doubt, but they must be brought to know that the strong arm of the law will protect the children at least from suffering at their hands. Let the faith curist believe, if he wishes, that sickness and sin are synonymous, but let him know then that certain sins are in the eyes of the law contagious and certain others curable by proper material treatment and that whether he believes the law right or not he must obey it or suffer the consequences. M. F. P.



## ORIGINAL ARTICLES

No paper published or to be published elsewhere as original will be accepted in this department.

### *Preventive Medicine and the Relation of Boards of Health to the Regular Physician in Its Application.*

BY

A. H. MACBETH, M. D.,

Health Commissioner for the City of Fort Wayne.

My subject is chosen with reference to the position I occupy, and its relation to the regular practicing physician. This relationship which should exist is not well understood by all physicians, and for that reason I think it proper, and possibly it may be profitable to all concerned, to have a more clear understanding of the position a health officer should hold, and the manner in which his duties should be executed to work in harmony with the physicians.

It is the physician in whose hands the sick of infectious and contagious diseases are placed for treatment. The health officer's duty is to keep in touch with the degree of preventive medicine the physician sees fit to apply, and to require him to take the reasonable precautions which the law prescribes, as well as to enforce any laxity on the part of those under quarantine or concerned in the case. I have one principle in mind, that of preventive medicine from a public standpoint, or as it applies to boards of health, for it is taken for granted that physicians are versed in the principles of hygiene and preventive medicine from a scientific standpoint, and need only a proper regard for the law pertaining to preventive medicine (and no physician is excusable for ignorance of the law) to be able to apply all safeguards which the public demand in this direction.

When it is known to a board of health or health officer that the physician attending a communicable disease will apply principles of precaution as demanded by law, to a reasonable extent in each and every case coming under his observation, the health officer is relieved, or never comes into the case at all except to carry out the public part of the program, which part is done (or should be) in accord with the suggestions of the attending physician whose duty it is to report any and all things needed to safe-



guard the interests of public health. When this work is carried on in harmony with the rules and regulations governing public health the responsibility rests with the physician, whose duty it is to carry such responsibility so long as the case is in his charge, and until perfect recovery of the patient, unless discharged by the family. When this duty is performed by the attending physician, the health department is given time to safeguard the interest of public health in other directions, and will have little difficulty in getting busy. If the health officer be a regular physician, which to my mind he should be, the most important field he would naturally turn to would be the regulation of the irregular or pseudo physician, who does not always have a proper regard for the regulations pertaining to preventive medicine. If medical men do their duty to the public they will also do it to the health officer whose duty it is to protect the interests of the public. Naturally then, medical men should stand back of the health officer in enforcing the proper regulation of the practice of irregular men. This gives the health officer a foundation for his work, and encourages its prosecution. To my mind this is a very important branch of preventive medicine, but as is well known to the regular physician, the public does not appreciate the dangers from this source and will not only so far as the regular medical men enlighten them on the subject.

All labors performed in the application of preventive medicine, either by the physician, the individual, or by boards of health, is done to the end that the individual, the community, the State, and the public may reap the benefit of such work. Preventive medicine means much more than would come to a man at a single thought. It means more than we know, and good men are spending much time and money to advance this branch of science, that the public in general may be the benefactor. But the application of this work depends largely on the physician whose duty it is to instruct individuals, to explain the reasons why and how certain necessary principles are applied in certain cases, and how to escape and ward off disease and again how to best manage such diseases when they do occur.

The health department of any city or county should be the one place where physicians when applying the rules of preventive medicine may look for and expect aid and support, and especially such aid as the law of the State and city clothe such department with. Most of the laws and ordinances which govern and guide



boards of health apply only to preventive medicine. How to prevent disease, not so much how to treat it, and more especially diseases which injure communities by injury to trade relations with other communities or the general public, comes within the province of the department of health. For example, in small pox of today, the death rate is low, but the injury to commercial interests is great. Being a pestilential disease, people avoid places where it exists, and therefore the interests of trade and intercourse is inversely proportional to the number and severity of the cases existing, and this makes it an important matter to the business interests of a community, as well as to the individual who is so unfortunate as to have an attack of the disease.

Scarlatina is probably the most important and serious disease with which we have to deal, not only because of its mortality, which alone is a serious matter, but the sequella. No doubt many adults die each year as a result of having had this disease when a child. I believe most of the serious disturbances of the auditory functions and loss of the sense of hearing is due to this disease, as also many of the nephritic diseases which develop in later life. Yet some physicians do not like to report these cases so that the public may be guarded, and consequently some cases go unreported or unrecognized. This is not true for the physicians of our city, for I have good reasons to believe that all recognized cases are reported, and through this the people of Fort Wayne are being educated to better respect the public in all contagious conditions. This result is proportional to the degree of energy exerted by the attending physician and not by virtue of any direct effort on the part of the health officers. It is also aided by the harmonious relation existing between physicians of the city and the Board of Health.

I do not wish to enter into a discussion of the question of treatment of contagious and communicable diseases, except from a preventive standpoint, and I mention scarlatina only from its order of importance. The one question which I believe of paramount importance is the treatment of the infection itself. In this as well as in other cities much negligence is exhibited by some physicians in the treatment of the infection itself after having ignorantly or carelessly exposed themselves in such a way as to be the carriers of the infection. These men are few, but in this day and age there should be none, for I believe this to be the circulating medium through which these diseases are carried from place to place, and



the direct cause of the spread of the disease. This is a broad statement, but I have good reason to believe I am correct, and if this be true, think what it means. Suppose one fairly busy physician carries the infection of scarlatina about with him all the time, how many cases might he cause in one year, or in other words into how many homes might he leave this infection in this length of time? How long can this infection remain on or about a person? No one knows, and, again, how about some of our physicians who never use antiseptics, disinfectants, or germicides, and know little or nothing about the reasons for their use? Do any of them treat infectious and contagious diseases? Yes, they do, and those are the ones the better class of physicians must educate or stop from practice, and do it in the interest of preventive medicine. About one fourth of our physicians when treating contagious and infectious diseases take every precaution; and the other fourth take little or no precaution, and still they are regularly licensed by our State Boards. This is an all important question, and I invite your opinion freely, for upon this in my judgment will the progress of the Department of Health for the next year depend. I believe that upon careful consideration you will see how it may be reasonably true, and some of you may have already been convinced of its correctness. Should you agree with me, I am sure your influence will be of great value to preventive medicine in our city, and if you question the correctness of my judgment, you will naturally take more interest to ascertain conditions, and perhaps become convinced, and help in the good cause.

Many physicians are slow to realize that when a Board of Health, or health officer is compelled to interfere in a case being treated by him, that there is always trouble for the family whom he should protect, trouble for the physician, and trouble for the health department. Some say we are looking for trouble. Yes we are; that is our business, but what is accomplished must be done through the physician, and when a health board has no trouble with physicians and such department does its duty, then the troubles of the department must necessarily be trivial in nature and extent, for with a united medical profession success is assured if the department does its duty.

The physician who says to a family where contagious disease exists that "there is no danger," imposes a burden on the health authorities, imposes this same burden on the neighbors, and en-



courages danger to the public. This makes the family want to ignore and disrespect the law which is to govern them, and more or less trouble follows in all of these cases. But the physician who carefully instructs his patrons correctly makes them easy to control, and the physician is more respected by all concerned. My aim has been to interfere in any case as little as possible, leaving the physician in control. This is not always possible to do, for some take advantage of the confidence placed in them, but the large majority appreciate the fact that this is proper and just toward them, and harmony prevails.

We have made it a practice to see most cases before the quarantine is lifted, for the purpose of knowing that all danger has passed, not because it is believed that the physician in charge is not qualified, but to see if he has done his duty toward preventive medicine. This I believe has done much to educate some of the physicians to be more careful in reporting the recovery of cases. Does any one believe a case of scarlatina will pass through all the stages of the disease, even in a mild attack, in 5 to 7 days? I do not, but if a physician has been mistaken in a given case, and the home has been put under quarantine, why not report that mistake and give the public and the family the benefit of this fact. I never thought it a disgrace to say "I made a mistake." I believe a report of mistake is better than a "clean up" if it comes under 10 days, and more than half of our cases are reported well in less than this time. I think it a matter of common record that the average length of time required for desquamation is from 8 to 12 days, and sometimes much longer. One reason for these early reports is that oftentimes the physician has not visited the case after the initial stage has passed, because the patient has so much improved, and a little later the family, who are naturally anxious to be released from quarantine, report to the doctor that the child is well, and insists that the doctor use his influence to have the quarantine raised. In such instances the doctor is often influenced to set aside his best judgment, and turns the case over to the Board of Health. This ought not be done from the standpoint of the physician, for if the Board does not see its way clear to remove the quarantine, the physician has lost influence if not in the family (and he probably has) in the families of neighbors who want protection. If the health officer and the physician agree that all of these cases should await perfect recovery, very few people will ask for liberties which other people under similar conditions



can not enjoy, and if all are treated alike, and know they will receive reasonable treatment, there will be little complaint. The more control the physician retains to himself in the management of these cases the greater will be his worth to the community, and the greater his sphere of influence. He is then a salient factor in the protection of public health, and the key to success for the department of the city or county.

. Show me a physician who knows his duty to the public and performs it and I will show you a man of influence and weight in the community; show me a man who wants the undertaker to write his certificate of death and I will show you a man who does not understand the principles of vital statistics, nor their worth. The correctness of a certificate of death determines its value for every just purpose, and the little slip containing the record of a birth is the very unit of vital statistics. If the services of a physician be procured in a case he should do his whole duty willingly, and when a patient dies, his duty to that family does not end until a proper and correct certificate of death is given them. I do not believe the physicians of our city are more lax than those of other cities, but there is room for improvement, and the Department of Health will advance in proportion to the degree of support received from the physicians, or to the degree with which the physician respects the law. When the physician does his duty, he supports the Department of Health, whether he *wants to* or *not*. Supporting the health officer is another thing; he should be supported *only when doing his duty; always then*, and in turn the department should support the regular physician *when he does his duty*; then the department is lifted up, and the physicians have done the lifting.



*The Increase in Neuropsychopaths; With a Method  
Looking to their Relief.*

BY

CHAS. R. DANCER, M. D.,

Resident Physician Indiana School for Feeble Minded Youth,  
Fort Wayne, Indiana.

The excitement has scarcely ceased in this country concerning the Lorenz method for reducing congenital dislocations of the hip. The lay and medical press were loud in their eulogies of the famous surgeon. Doctor Lorenz deserves credit to the extent of the good that will result from his discovery, but no more. I have never seen a case of congenital dislocation of the hip, and have heard of but two.

Not so with neuropsychopaths. We pass them on the street, come face to face with them in street cars, public gatherings and in their homes. I recall but one paper touching upon this subject since I have been attending the Allen County Medical Society. I refer to a recent paper by Doctor H. V. Sweringen.

The epileptic for instance has inherited tendencies conducive to his developing the malady else he would not have developed it. Is the same thing true of the clepto and the dipsomaniac? Is there not a general law of heredity in the mental as well as the physical life? If there is, why not enact laws for not only the care of those we already have, but looking to the prevention of the multiplication of this class of dependants. There are about one hundred fifty thousand epileptics in the United States. That means one for every five hundred of the population. In 1850 there were six thousand seven hundred thirty-seven criminals in the United States; or one to each three thousand four hundred forty-two of the population. In 1890 the penal population was eighty-three thousand three hundred twenty-nine, or one to each nine hundred fifty-seven of the population. This is for the criminal class alone, and it is fair to presume that other forms of dependants have increased in similar proportions. There are about two hundred thousand feeble-minded persons in the United States, with twenty state schools to care for the younger class. That tells us that we are not even caring for those we already have, to say nothing about not doing a thing to prevent their propagation. The Spartans prevented it by putting their defectives to death. We shall never accomplish anything by that method, neither do we so wish.



Castration will never be used because of the ill-effects and public prejudice. It is a recognized fact, however, that the man who has an epididymitis becomes sterile. This I take it is because the lumen of the epididymus is occluded, but that individual does not suffer the ill-effects he would were he castrated.

The epileptic is a neuropsychopath and suffers because of the condition of some of his ancestors. Excepting traumatic epilepsy a neuropathic history is nearly always obtainable. His condition may have followed an attack of meningitis, but why did he have meningitis? He may be a giant in his chosen avocation, but so was Napoleon, who was an epileptic. But let me ask what and where are their posterity? The epileptic's mother may have been hysterical, or perhaps an inmate in an asylum for the insane. Suppose his father was a dipsomaniac or paralytic. And thus we might go on through all the other predisposing conditions conducive to epilepsy and other neuropathic conditions.

As this is true of epilepsy the same may be said of criminals, paupers, etc. Epilepsy in the parents rarely ever manifests itself in the offspring, but descends as some other form of degeneracy, as idiocy, criminality, insanity, etc. Of three hundred epileptics in our institution I know of but one that gives a history of epilepsy in either parent. In this one the father had epileptic seizures until twenty-eight when they ceased and never recurred. The father is about forty-five years of age now, in good health and supports a family comfortably. An insane, hysterical or imbecilic woman is very likely to give birth to a child that will become an epileptic. The child's mental as well as physical condition will be influenced to some extent by the mental and physical condition of the father.

A tubercular history is practically always obtainable from all our inmates. Our deaths from tuberculosis is about 35 per cent. At Michigan City 70 per cent of their deaths are from tuberculosis. This causes one to ask, is tuberculosis a contributory effect or cause of the neuropsychopathic condition?

The epileptic attacks are influenced to a very considerable extent by psychic interferences. Something transpires that is unpleasant or disagreeable to him and he broods over it until he begins having seizures that are both severe in character and difficult to control.

In treating the epileptic first of all give him something to employ both mind and body. Something that requires enough thought and muscular energy that when night comes he will be sufficiently



tired to enjoy a good night's rest and sleep. It must be something that he takes pride in doing well. Next in importance is the diet and manner of eating, as all epileptics are gluttons. Of drug medication the bromides still remain the best, preferably potassium, the ill effects of which may be counteracted by giving arsenious acid in small doses three times daily. In treating status it becomes necessary to act quickly and heroically. If the seizures be due to gastro-intestinal irritation, morphine given hypodermically, governing the dose by the severity of the seizures and age of the victim will be appropriate treatment. The introduction of the stomach or nasal tube will permit the gas to leave the stomach, and is more readily accomplished if the patient is lying on the right side. Instill into the stomach a pint or two of water and drain the stomach of its contents. Give a brisk saline cathartic and if necessary a large dose of bromides; wash out the colon, and the patient will have recovered in a short time and drop into a good sleep. If the seizure be due to cerebral congestion, and the pulse is full and bounding, bleeding, with hypodermatic use of ergot, is likely to be followed with gratifying results.

I take it, however, that the great difficulty we have to contend with is the multiplication of all dependants, the prevention of an increased ratio of degenerates. True, a great many geniuses were of this type, but someone has pointedly asked, "will they make up for the less fortunates who fill up our institutions and almshouses?" Of the epileptic class Goldsmith, Burns, Charles Lamb and Cowper may be mentioned. All sprung up from obscurity, having no fathers, as it were, and leaving no posterity.

Now the question arises, how may we prevent all severe neuropsychopaths from propagating. In answer to this I would suggest that all male inmates of prisons, reformatories, poor-houses, feeble-minded institutions, and institutions for epileptics be made sterile. There are more dangerous men (of this kind) at large than women. The morally degenerate woman soon develops an endometritis, salpingitis, or vaginitis and becomes sterile. The man, however, is not sterile unless he gets an epididymitis. Why may not the male be made sterile without suffering the ill effects of castration, and with practically no danger? The method of doing this is by severing the vasa deferentia. This was performed by Ochsner\* about six years ago for prostatic hypertrophy, and recommended by him as a treat-

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\*Jour. Am. Med. Assoc., April 22, 1899.



ment for these classes. Doctor Sharpe† has done about fifty operations of this kind upon the inmates of Jeffersonville Reformatory, and reports the results as very gratifying. The operation itself is very simple and practically without danger. Formerly an incision was made over the external inguinal ring down to the vas, ligating the vessicle end, letting the testicle end go free, then removing about one-fourth inch of the vas, closing the wound, and the operation was completed. The latest operation which is considered the most preferable is, making a short incision over the vas in the scrotal region, sever the vas, which ends the operation, as it is not necessary to close the scrotal wound. It is readily seen that the latter method requires but a few moments time and carries with it no danger.

The benefits claimed for this procedure are: The patient does not loose his sexual power nor enjoyment; he increases in flesh; mental and physical condition improves; memory becomes better; and he has a better feeling of well-being.

In conclusion we will say:

“God help the degenerate! more dark their lot  
Than dumb, or deaf, the cripple, or the blind;  
The closed soul-vision theirs, the blighted mind;  
Babes though full grown; the page of life a blot.

“Yet say, shall their affliction be abhorred?  
Their needs o’erlooked? shall charity pass by,  
Leave them to perish with averted eye?  
Forbid, the love that burns to serve the Lord.”

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†New York Med. Jour., March 8, 1902.



*Puerperal Nephritis.\**

BY

L. PARK DRAYER, M. D.,

Professor of Histology and Bacteriology in the Fort Wayne College of Medicine,  
Fort Wayne, Indiana.

In a series of 100 cases, the writer has had the pregnant state complicated by a true nephritis five times, and brief case records are as follows:

Mrs. F. aet., 35, primipara, albumen and casts appearing at 7 1-2 months, delivered at full term of a living child, with no evidence of a toxæmia of any sort.

Mrs. S., aet., 35, primipara, albuminuria with casts at 8 months, delivered at full term, still-born child, no convulsions.

Mrs. C., multipara, aet., 32; albumen and casts detected at 6 months, delivered at full term, still-born child, no convulsions.

Mrs. J., multipara, aet., 29, albumen and casts at 8 months, delivered at full term, convulsions and living child.

Mrs. C., aet., 28, primipara, albumen and casts appearing at end of 7 months, delivered at full term, dead child.

In the series of one hundred cases transient albuminuria was present in 22 per cent of the cases. In the above cited cases albumen with casts were found to persist until after delivery and convalescence.

The occurrence of albumen in the urine of pregnant women is not a pathological condition, the probable explanation being a reflex irritation of the vaso-motor nerves of the renal vessels. Lantos at Buda-Pest found albumen in 18 per cent of pregnant women and in 60 per cent after delivery. The presence of casts, with or without albumen, is decidedly a pathological condition, and calls for most careful consideration. Three serious conditions may follow a nephritis of pregnancy; namely, eclampsia, chronic nephritis persisting after delivery, and foetal death.

Eclampsia is present in one of 500 cases where nephritis does not exist. It is, however, present in 25 per cent of cases wherein nephritis exists. It destroys life in 30 per cent of mothers and 50 per cent of the offspring.

Chronic nephritis obtains in about 5 per cent of the cases of nephritis occurring in the pregnant state, and destroys life sooner or later. Death to the foetus occurred in three of the writer's

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\*Read before the Allen County Medical Society, Oct. 13, 1903.



five cases. Authorities give nephritis as a cause of premature labor and still-births but give no figures as to the frequency of this accident.

In looking for a cause of death we find several factors which might play a part; namely, (1). A limitation of renal activity will result in a toxemia of greater or lesser degree which must interfere with normal life processes in utero. (2). The co-existing anaemia of a pregnancy, coupled with the anaemia of a Bright's disease, must improperly nourish the foetus in utero. (3). Improper placental nourishment, with resulting placental infarction and placental apoplexy. In two of the writer's cases infarcted areas were conspicuous.

From the foregoing it is plainly one's duty to determine without delay the onset of a pathological kidney or kidneys; to institute prompt and efficient means for maintaining a sufficient degree of elimination to prevent the usual accidents of puerperal nephritis. The first is obtained by frequent careful chemical and microscopical examination of the urine. The second is usually controlled, in so far as the mother is concerned, by a restriction of the diet, and in my hands a strict vegetable and milk diet is the best. Free bowel action produced by the daily administration of magnesium sulphate, simple diuretics, the best being water, cold or hot, taken in large quantities (1 to 2 gallons daily), and the daily hot bath are measures usually sufficient. When uraemic symptoms appear, such as headache, dimness of vision, blindness, staring eyes, twitching of muscles, marked oedema, scanty urine, or urine decidedly deficient in urea, then the hot pack is of signal service and in most cases relieves. In the attack I have found speedy delivery, with administration of morphine and chloroform, to answer every indication.

Relative to the infant the writer's experience is not pleasant. Three of the five babies were still-born, and it is this experience that prompts the report of these cases with the hope that something may be done to save the babe as well as the mother. When a woman goes through the period of gestation with its usual physical and mental pain she is, in most instances, experiencing a normal process. When her life is additionally endangered by disease and she marches bravely on for the sake of her unborn babe, I take it that the attending physician should spare no effort to save both her and her offspring.

With no experience from which to work, I would suggest that, in a case advanced in pregnancy wherein a nephritis exists and the examination reveals positive evidence of a living foetus, irrespective of a feeling of well-being on the part of the mother, the induction of labor by the slow methods of dilatation be adopted as the rational procedure with a view to certainly saving the life of the mother and limiting the pathological condition, and with the hope that the infant may not suffer death in utero.



# SOCIETY PROCEEDINGS

## *The Northern Tri-State Medical Association.*

The thirtieth annual meeting of this Association will be held on Tuesday, December 1, 1903, in the Congregational Church, at Elkhart, Ind. The officers are:

President—George W. Spohn, Elkhart, Ind.

Vice President—W. H. Baldwin, Quincy, Mich.

Treasurer—A. G. Holbrook, Coldwater, Mich.

Secretary—J. R. Williams, White Pigeon, Mich.

The program for the Elkhart meeting is as follows:

### FORENOON SESSION.

10 a. m.

1. "Echinacia; Some of Its Uses as an Antiseptic," .....  
.....Dr. W. F. Shumaker, Butler, Ind.  
Discussion opened by Dr. W. H. Baldwin, Quincy, Mich.,  
and Dr. B. F. Teeters, Middlebury, Ind.
2. "The Role of Chemical Pathology in Relation to the  
General Practice of Medicine," .....  
.....Dr. A. P. Buchman, Fort Wayne, Ind.  
Discussion opened by Dr. Hal C. Wyman, Detroit, Mich.,  
and Dr. Dudley Fulton, South Bend, Ind.
3. "On the Limitation of Drug Medication," .....  
.....Dr. Charles W. Frink, Elkhart, Ind.  
Discussion opened by Dr. C. B. Stemen, Fort Wayne, Ind.,  
and Dr. J. B. Casebeer, Auburn, Ind.

### AFTERNOON SESSION.

1:30 p. m.

4. "Etiology, and Treatment of Headaches," .....  
.....Dr. H. R. Niles, Flint, Mich.  
Discussion opened by Dr. W. A. Hager, South Bend, Ind.,  
and Dr. T. F. Wood, Angola, Ind.



5. "The Treatment of Movable Kidney Without Surgical Interference, with a Demonstration of Method and Report of Cases," .....  
..... Dr. Charles D. Aaron, Detroit, Mich.  
Discussion opened by Dr. Geo. W. McCaskey, Fort Wayne, Ind., and Dr. R. R. Alwood, Montpelier.
6. "Reports on the Results of the Use of the Elastic Ligature (McGraw) in Gastro-Enterostomy," .....  
..... Dr. Charles B. Nancrede, Ann Arbor, Mich.  
Discussion opened by Dr. Miles F. Porter, Fort Wayne, Ind., and Dr. C. A. Daugherty, South Bend, Ind.
7. "The Best Methods in the Treatment of Tuberculosis," .....  
..... Dr. William A. Dickey, Toledo, Ohio.  
Discussion opened by Dr. J. A. Weitz, Montpelier, Ohio, and Dr. J. B. Berteling, South Bend, Ind.
8. "Liver Cases," ..... Dr. J. H. Carstens, Detroit, Mich.  
Discussion opened by Dr. William J. Gillette, Toledo, Ohio, and Dr. Charles Stoltz, South Bend, Ind.
9. "Iritis: Its Differential Diagnosis and Treatment," .....  
..... Dr. Albert E. Bulson, Jr., Fort Wayne, Ind.  
Discussion opened by Dr. W. B. Kreider, Goshen, Ind., and Dr. Thomas J. Haines, Three Rivers, Mich.

## EVENING SESSION.

7:30 p. m.

10. "Impotency," ..... Dr. J. L. Gilbert, Kendallville, Ind.  
Discussion opened by Dr. H. D. Wood, Angola, Ind., and Dr. D. L. Miller, Goshen, Ind.
11. Lecture—"The Practical Side, or the Practical Application of Bacteriology," .....  
..... Dr. Victor C. Vaughan, Ann Arbor, Mich.  
General Discussion.



## NEWS NOTES *and* COMMENTS

### ***Medical Charity.***

Doctors give away more than any other class of men on earth. It is stated that gratuitous services of physicians last year to one large Philadelphia hospital amounted to over \$500,000 at ordinary fees. If an individual or any society had given a half million dollars to any cause the fact would have appeared in all the dailies with large head lines, but this free work of physicians has come to be considered as too common for notice. And this was only one hospital in one city. How enormous this free work in the whole country must have been last year! Much of this free work was necessary and commendable and much of it was not.—*Wisconsin Medical Record*, June, 1903.

### ***To Bar Out Trachoma.***

The Ramsey County Medical Society has passed a resolution urging the St. St. Paul school board to prevent pupils suffering from trachoma or any other infectious diseases of the eyes from attending the public schools.

### ***Electrocution from Ordinary 100-Volt Alternating Light Current.***

Dr. C. Van Zwaluwenburg, in the *Four. A. M. A.*, of Oct. 17th, reports an interesting case of death from an alternating light current of only 100 volts. The victim, a well-built and healthy man of 165 pounds, was at work repairing a building on one of the hot days in August, 1903. When he received the shock which ended in his death, he was at work in an attic immediately under the roof in a space only about four feet high. He was perspiring very freely, the temperature there being in the neighborhood of 100 degrees Fahrenheit, and no air stirring. As he crouched on his knees and reached over to drive a nail into a studding he threw his head back just enough to bring the occiput in contact with a wire running to a drop light in the ceiling. The insulation had been burned away, and in his condition of extreme perspiration, his clothing soaked, all the conditions for transmission of current:



were at their best. He was probably on a gas pipe which made an excellent contact for grounding the current. At the instant of contact he made an outcry as though he had received some slight injury, then straightened back in a convulsive movement which carried the wire from its fastening but continuing the contact at the same point. Contact was probably from 15 to 30 seconds before the wire was removed by one of the fellow workmen. During the subsequent five or ten minutes the victim gasped several times but never regained consciousness. A physician arrived within a very few minutes following the accident and employed all well-known methods of resuscitation for an hour without success. The city electrician was promptly on hand and made a careful search for cross wires, which might have carried in a heavier current, but none could be found, and he declared after testing the current that the only charge which the victim received was the ordinary 100-volt alternate light current as distributed to individual or chandelier lights.

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#### *A Cure for Jaundice.*

The following letter received from a friend by a patient suffering from jaundice shows that the belief in charms has not yet passed. The letter is reproduced verbatim et literatim save that the names are omitted:

November the  
1th 1903.

Mr. ————— i have promised to write you what is good for yellow-jonder boil one egg in water hard and take the wite and sow it in a small bindle and sow a string on two ends of the bindle and hang it around his neck make the string long enoif so the bindle coms be-tween the sholders on the back and let it there 9 days and if it hant all away repet the tretmen.

So from me  
Solomen —————  
to you Joel —————

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#### *Unification Virtually Accomplished.*

The special meeting of the Medical Society of the State of New York held on Tuesday evening of this week took such action as beyond any reasonable doubt insures harmony among the medical profession of the state. Many of the constituent county societies had sent communications urging that such action be taken,



but it was so manifest that it would be that these communications were not even read. Hosack Hall in the Academy of Medicine's building, the largest hall in the structure, was filled. With a few lucid remarks President Bristow stated the situation, and immediately Dr. D. B. St. John Roosa spoke as follows:

"As one of those who have lived long enough to see the beginning and, I hope, will live long enough to see the ending of this controversy that has been carried on so long, I have the pleasure of offering the following resolution, which, I think, will have the vote of every member of the Medical Society of the State of New York:

"*Whereas:* The New York Medical Association at a recent special meeting duly assembled, has, by unanimous vote, appointed a committee, with full power, to meet the similar committee of the Medical Society of the State of New York, to arrange for the unification of the two organizations under the corporate name of the Medical Society of the State of New York; therefore, be it

"*Resolved:* That the committee of conference of the Medical Society of the State of New York, already appointed, be given power equal to and commensurate with the powers recently granted the committee created by the New York State Medical Association for the purpose of unifying the two state medical societies into the Medical Society of the State of New York."

Dr. Willis G. Macdonald, of Albany, seconded the resolution in an earnest and telling speech, and without discussion it was carried unanimously. Both these gentlemen had been cheered to the echo.—*N. Y. Med. Journal.*

### ***The Abilena Company.***

In this number will be found the initial insertion of the advertisement of the Abilena company which has during the past few years placed the well known and highly endorsed Abilena Water upon the market. The company has at its head as president and general manager, Dr. Frank M. Gier, remembered by most of our readers as an ethical, accomplished and genial physician who left a very large and lucrative practice at Hillsdale, Michigan, when he became interested in the now famous wells at Abilene, Kansas. Dr. Gier rather modestly says that the natural Abilena Water, as it comes from the wells, is superior to any other



cathartic water on the market in point of efficiency and agreeableness, and that the medical profession in due course of time will not hesitate to render such a verdict. The unsolicited endorsement which many men of standing and authority in the medical profession have already given seem to warrant truth in the prophesy.

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### *Personals.*

Dr. Carl Schilling, Fort Wayne, left for Germany on November 5th for a short visit with friends.

Dr. K. K. Wheelock, Fort Wayne, sailed November 4th for Germany where he will spend three or four months in a special study of surgery of the head.

Dr. N. L. Deming, Fort Wayne, is reported as being in the east under treatment for a nervous affection brought on by too close application to professional work.

Dr. Jas. A. Lomas, Fort Wayne, has abandoned ethical medicine by accepting a position with an advertising medical firm which treats any and all diseases by mail.

We have received a reprint of an article by Dr. Chas. E. Barnett, Fort Wayne, entitled "On a Possible Cause of Difficulty in the Differential Diagnosis Between Renal Calculi and Hepatic Calculi," which appeared in the January *Annals of Surgery*. The article is illustrated by diagrams and skiagraphs.

Dr. R. J. Morgan, Van Wert, Ohio, who sustained severe injuries in an automobile accident several months ago, has recently met with another accident which threatens to still further prolong his recovery. While attempting to get about on crutches Dr. Morgan fell and refractured his left leg which previously was in a fair way to soon fully recover from the first accident of several months ago.



## ◊ MEDICAL ◊ REVIEWS ◊

### *Department of Medicine and Therapeutics*

In Charge of George W. McCaskey, A. M., M. D.  
Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

#### *An Additional Case of Unilateral Compression of the Ureter.*

A Steurer reports another case. The compression of the right ureter due to tuberculosis of the right kidney and ureter. The urine from the right ureter was three times as great in amount as that from the left. The specific gravity and freezing point of that from the right side were 1008 and 0.69 C., while the corresponding figures of that from the left side were 1019 and 1.32 C., respectively. Tubercle bacilli were found in the urine from the right side. The case is cited in support of Ribbert's view, which has been confirmed by his own observations, as well as those of Bujniewicz and Strauss that a reabsorption takes place in the kidneys under certain conditions.—*Medical Record*.

#### *Infant Feeding.*

Hutchison, in *London Lancet*, summarizes as follows:

1. The first essential \* \* is a definite plan on which to go and avoid haphazard procedures.
2. Diluted cow's milk, condensed milk and peptonized milk may be regarded as the positive, comparative and superlative of digestibility respectively, and should be tried in that order until the digestive power of the child is suited. \* \*
3. Periodic weighing of the child is the only test of the success or failure of the food selected.
4. In cases in which even peptonized milk fails to give good results great benefit often follows the administration of grey powder, even in cases in which there is no reason to suspect a syphilitic taint.
5. In spite of all care in the use of the above methods there remains a residuum of cases in which progressive wasting persists. Many of these seem to be babies who are unable to digest the casein of cow's milk in any form.
6. In such a case one should try to procure a wet nurse for the child, and, failing this, one must eliminate casein from the diet by making whey the basis of the feeding mixture.
7. The use of patent food as the sole article of diet for a baby is rarely if ever necessary so long as cow's milk can be obtained



either fresh or condensed. 8. If a child is unable to digest much cow's milk it is often worth while to try the effect of adding a little starchy food to the diet even at an early age, for inability to digest milk appears to be sometimes accompanied by an unusual capacity for the conversion of starch.—*Four. A. M. A.*

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***Fatal Cachexias Without Anatomical Lesions.***

E. Grawitz, in *Berliner klinische Wochenschrift*, June 29, 1903, reports a case which simulates others that frequently come under observation. The clinical picture is that of a progressive and fatal cachexia without apparent cause, and in which careful examination fails to reveal malignant growths, Addison's disease, pernicious anaemia, or any organic lesions. At autopsy nothing is found that throws any light upon the condition, and no satisfactory cause of death can be assigned. Such a case is here reported. The side lesion present during life was the absence of free hydrochloric acid or lactic acid in the stomach, and it is thought that this anacidity may be the etiological factor sought. Upon theoretical grounds such an acidity might give rise to an autointoxication, productive of a cachexia in either of two ways: (1). As its result the bactericidal action of the gastric juice fails, and micro-organisms which are introduced into the stomach might thrive and produce toxins which slowly but progressively poison the system. (2). Because of the want of acids the metabolism of the albuminoids might be interfered with so that the usual end products would not be formed, but in their place poisonous intermediate products arise. In practice both of these factors might be simultaneously operative. The fact that many healthy persons bear gastric anacidity with apparent impunity does not prove that in other healthy persons such anacidity might not give rise to a progressive cachexia, for it is a well known fact that many individuals bear with impunity want of functional activity in various organs. Furthermore it has frequently been observed that in various diseases (notably phthisis) the patient remains in fairly good condition until gastric anacidity develops, when they promptly show a marked cachetic condition which usually runs a fatal course. It cannot, therefore, be doubted that in certain individuals gastric anacidity is the chief etiological factor in the development of a cachexia. This is further proven by the results of treatment in such persons, for if measures directed toward the gastric con-



ditions are instituted, and as the result free hydrochloric and lactic appear in the stomach, the cachexia usually disappears. It is not intended to assert that the obscure class of cases here considered always appear in connection with gastric anacidity, but to point the fact that at least in some of them this is the case, and to invite further observations along this line.—*Medical Record*.

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### ***Treatment of Facial Neuralgia.***

This is the conclusion of a contribution, relating to the department of electrotherapy in the Charcot Clinic. The author finds it difficult to explain that certain monographies no longer insist on the electrical treatment of facial neuralgia and that others pass it by in entire silence. Does not, he says, Gilles de la Tourette affirm that if medical means fail, there still remains surgical treatment, treatment full of danger and chances, but outside of which there is nothing to try? Does not Msuclaire also say that when medical means have been utilized without success, the physician "ought to give place to the surgeon," and does not this author counsel to operate at once and without waiting, under the pretext that to wait is to give the nevrite ascendancy and the encephalic lesions time to evolve? And he adds: "Although the result should not be perfect (Trousseau affirms that he has never seen a complete cure of tic douloureux of the face), we can say with Monod that one year of well being in the course of an affection which imposes veritable torture constitutes a benefit appreciated by the patient, so much more, as the intervention is free from dangers (nevrectomy)." The author, contrary to this opinion, will not admit that after a conscientious trial of medical methods, the physician effaces himself without hesitation before the surgeon. A place, an important place, he says, should be reserved for electric treatment, which in all cases, we should have interest to attempt before dreaming of a surgical intervention, however light. The author mentions the various surgical methods and gives some statistics of the great danger of a fatal result in gasserectomy, and in view of the benefit to patients shown in some fifteen cases that he reports at length, he states that he thinks that the "course to pursue" should be the following:

(1). In cases of neuralgias with well determined etiology, we should have recourse to their specific treatment. (2). In neuralgias of a mild type, we should commence by resorting at first to



the usual medications, free to recur in case of insuccess to electricity, which will bring about almost certainly a complete cure. (3). In neuralgias of a grave type, after one has established the inefficacy of medical treatments, administered in a methodical fashion, (among them opiotic treatment), we should submit the patient *to electrization, during a time sufficiently long* to judge of the effects obtained (minimum three months) and we should not decide to employ a surgical intervention except in case of absolute insuccess. In last analysis a peripheric operation might be tried (nevrectomy). But it is only in despair of the case (*en desespoir le cause*) and before the formal demand of the patient or the positive threat of suicide, that we should resolve to propose gasserec-tomy.—*Journal of Nervous and Mental Diseases*.

#### ***Pelvic Diseases in Young Girls.***

In the *Journal of the American Medical Association*, Oct. 17, 1903, Lawrence says:

1. All cases, whether in young girls or in older women, in which mēnstrual pain, intermenstrual or premenstrual pain is a prominent symptom should be subjected to a careful and thorough examination to determine its cause.

2. No leucorrhea should be permitted to pass unnoticed or treated by such "slipshod" methods as ordering a douche, giving medicine, etc., without first ascertaining its cause. In all cases where discharge is purulent a microscopic examination should be made to determine presence or absence of gonococci, tubercle bacilli or orther important septic organisms.

3. All cases of excessive flowing, intermenstrual hemorrhage or prolonged menstruation should be thoroughly examined.

4. In all cases where amenorrhea exists every effort should be made to find its cause.

5. In young girls subject to neurotic symptoms which develop at puberty or occur with each menstrual epoch, a careful and thorough examination of the pelvis will often reveal the cause.

6. If menstrual pain, irregularity, leucorrhea and neurotic disturbances follow the exanthemata, a pelvic examination is imperatively demanded.

7. In all virgins the rectobimanual examination should be used, the vaginal touch only being used when absolutely necessary.



## DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.  
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

### *Hernia of Urinary Bladder.*

Charles D. Lockwood, of Pasadena, Cal., reports (Annals of Surgery, October, 1903) a case of strangulated hernia, the sac of which contained a loop of small intestine together with a portion of the bladder. After relieving the constriction the sac was transfixed, tied and excised, when urine was found coming from the wound. The bladder was pulled out of the incision and was found to have a hole in it the size of a silver dollar. The hole was closed by two rows of sutures after which the bladder was put back in place and the hernial opening closed after Bassini's method, with one thread of catgut leading from bladder wound for drainage. A self-restoring catheter was kept in place for a week. Recovery was uninterrupted save by a mild cystitis.

### *Adrenalin in Uterine Hemorrhage.*

Harrison states, (C. M. Greene, *Medical News*, October 10, 1903) that suprarenal extract produces uterine contractions and hence advises its use in post-partum subinvolution as well as in metrorrhagia. Bates has found adrenalin very efficacious in chronic endometritis with hemorrhage persisting after curettage. De Brand found solution of adrenalin chlorid effective when ergotin had failed. The dose is five grains t. i. d.

### *Tuberculous Peritonitis.*

Dr. Eichberg, of Cincinnati, in his paper on the above subject, read at the New Orleans meeting of the American Medical Association,<sup>1</sup> concludes that laparotomy does not cure tuberculous peritonitis. Dr. Tyson, of Philadelphia, however, in discussing the paper, says that he has about concluded that to treat tuberculous peritonitis medically is "to temporize;" in other words that there is but one treatment that is likely to lead to satisfactory results and that is surgical.

1. Journal of the American Medical Association, October 3, 1903.



***Plastic Surgery on the Common Duct.***

Kehr succeeded in closing a large defect in the common duct by excising a pedunculated flap from the two outer coats of the stomach, swinging it around and securing it in its new position.

***Results of Operation in Carcinoma of Breast.***

Dr. Lewis S. Pilcher, in his contribution to the *Festchrift*, in honor of Prof. Victor C. Vaughan, speaking of "The Operative Possibilities in Cases of Advanced Carcinoma," says: "Present experience warrants the statement that surgery can promise a very large proportion of absolute cures to cases of cancer of the breast, if its resources are employed as soon as the presence of the disease is determined, even though it be acknowledged that the disease is there already in an advanced stage. As the knowledge becomes more general as to what has been and can be done by surgery for the cure of cancer of the breast \* \* \* \* \* the proportion of permanent cures effected will be increased."

***Intravenous Saline Injections.***

In giving intra-venous saline injections, it is possible to introduce too much fluid at one time. If there is some flushing of the face, with difficulty of breathing, the infusion must be stopped at once, however small the amount that may have been administered. The procedure may be repeated soon after these symptoms have disappeared, and when the arterial tension has again become quite low.—*Medical Progress*, Oct., 1903.

***Roentgen Ray Treatment of Cancer.***

Pfahler (*Journal American Medical Association*), briefly reviews the histories of a few cases, two illustrating the danger of doing too much instead of giving Nature a chance when repair has been well started. He prefers the coil somewhat to the static machine, a low vacuum tube for superficial and a higher for the deeper structures, placing the tube near the part and carefully watching it. Exposure should be from 5 to 20 minutes every second or third day. Lead foil between layers of adhesive plaster best protects the surrounding tissue. The skin should be carefully reddened without causing ulceration. The time required to cure superficial cancer is two to six months. The open surface should be dusted with equal parts of starch, boric and salicylic acids.—*New Albany Medical Herald*, Oct., 1903.



## DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.

Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort  
Wayne College of Medicine.

### *Infant Digestive Disturbances.*

A. C. Cotton, in the *American Medical Journal*, June 13, 1903, publishes an article with the above title in which he very forcibly reminds the physician of his duty to secure breast feeding for the infant. Bottle feeding is attended by a mortality two and one-half times greater than would attend an inoculation by small pox virus.

Artificial feeding is responsible for almost all of the bowel troubles of infants and even when diarrhoea develops in a breast-fed infant, microscopic examination of the feces shows, in spite of protestations to the contrary, that the infant has had other than an entirely breast-milk diet.

He would apply the term cholera infantum only to those cases of intense toxemia arising usually in fairly well nourished infants, accompanied by frequent large alvine discharges, changing rapidly from a fecal odor to a penetrating musty odor, and followed by death in from twelve to twenty-four hours. It is an acute gastro enteritis plus a violent poisoning. He emphasizes the importance of breast-feeding by saying that this does not occur save in bottle-fed babies, and even then it is rare.

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### *Diet in Nephritis.*

P. K. Pel is opposed to marked restriction in the diet of individuals suffering from chronic nephritis, since no actual proof exists against the use of many articles usually forbidden such as eggs, dark meat, etc. Based upon a large experience Pel is liberal in arranging diets, and believes it to be better to order them according to the patient's psychic and physical state, his blood condition, state of nutrition, heart, etc., than according to the chemical condition of his urine. He warns against all excesses so as to prevent digestive and fermentative disturbances. Alcohol, game, strong cheese and spices he forbids entirely. The value of



milk as an easily digestible article of food and one which ferments with difficulty is recognized by him, but when used alone it produces digestive disturbances too easily; it also tends to produce anemia and unhealthy fat. As the amount of water, which the kidneys have to handle during milk diet is very large, its action is often the opposite to that desired. When combined with articles of food like rice, sago, barley, cornmeal, or when given with chocolate, tea, or coffee, he approves milk or buttermilk as an article of diet. In acute nephritis or acute exacerbation of chronic nephritis Pel restricts his patients to milk with such substances as mentioned above. — *Abs. by American Medicine*, October 17, 1903.

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***Antistreptococcic Serum in the Treatment of Inflammatory Rheumatism.***

G. H. Sherman, in *American Medicine*, Oct. 17, 1903, reports nine cases of rheumatic joint affections, more or less acute, some of them promising to be instances of acute inflammatory rheumatism, which were treated by the antistreptococcic serum with very satisfactory results.

The dosage was regulated by the severity of the case and the effect secured. The average beginning dose was 20 c. c., repeated at varying intervals until better. The only bad effect observed was urticaria and this was not deemed a sufficient excuse for discontinuing the injections. There were also two cases of erysipelas reported, which yielded promptly to this agent, and one of a uterine infection by some diplococcus, not Neisser's germ, during a pregnancy. The serum controlled the infection but did not prevent the miscarriage.

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***Sodium Cinnamate Subcutaneously.***

Drage (*Lancet*, May 23, 1903) supplements his preliminary report on the therapeutic value of a ten-per-cent solution of sodium cinnamate in glycerin with some additional reports of cases and conclusions as to treatment. A young man, 28 years old, with symptoms and physical signs of acute pulmonary tuberculosis involving the right apex, was given seven injections of the ten-per-cent solution at intervals of a week. The man went to work in his office a week after the first injection and remained at work till the end of the treatment although he had previously been losing flesh. He gradually increased in weight, improved in



spirits, and although there was a considerable amount of cough and expectoration during the progress of the case, there was always a continued improvement in health, and the patient at the time of the report had no cough, was as fat as he should be, and was without symptoms. The author believes from his experience that in early cases of tuberculosis a successful issue may be predicted with confidence, and that in more advanced cases amelioration may be guaranteed. Injections of 60 minims of a ten-per-cent solution are used, the amount of pain caused not being great.

(The editor has used cinamate of soda hypodermically in the treatment of three cases of pulmonary tuberculosis but not in 60 minim doses of a 10% solution given a week apart. His solution was a 3% solution given in 15 minim doses every day. In a week the difference in the amount of the drug received would amount to about three grains in favor of the single dose.

One of these cases was well advanced and rapidly progressive when the treatment began, but no marked improvement was manifest. The usual hygienic and dietetic measures were used in this case, as in the others, in addition to the cinamate of soda treatment. After several months she became discouraged and stopped the treatment and several months later died of the disease.

The other two cases were earlier and improved very nicely but not faster than the two other cases of the same character treated on different lines. There was nothing about the effect of the cinamate that seemed to impress the editor with its superiority over other measures and certainly it should not be depended upon to the exclusion of out-of-door life where it is possible to secure it).

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### ***Membranous Croup and Diphtheria.***

Ellegood, in an article on this subject in the *International Medical Magazine* for May, 1903, expresses the following conclusions, to which he has arrived from a careful consideration of the subject:

1. That there is no such independent disease as true croup.
2. That pseudomembranous inflammation of the croupous or diphtheritic type, whether or not attended with or followed by paralytic sequelæ, is always caused by the Klebs-Loeffler bacillus in some phase of its existence.
3. That the bacillus is a facultative saprophyte; that the virulent and non-virulent types are of the same genus of microorganisms, and the non-virulent type is the same organism undergoing



a kind of saprophytic state of existence which interpolated in the life history of the parasitic bacillus.

4. That the degree of toxicity manifested depends upon certain unknown vital conditions of that microorganism, upon the anatomical character of the part attacked, upon the degree of immunity possessed by the blood and tissue of the body on which it finds lodgment, and upon the effect on the specific germ and its toxins of associated bacteria and their products.

5. That isolated cases of diphtheria, or those which do not give rise to infection, are as frequent as the cases of membranous inflammation of the larynx, in which the membrane is confined to that organ without giving rise to infection or the constitutional symptoms of diphtheria.

6. That inability to find the specific bacillus in a small proportion of cases is due to faulty technique, the late stage in the disease at which the bacteriologic examination was made, unknown morphological conditions of the microorganism, to the development of peculiar or unusual relation to staining reagents, to autolysis, or to the action of other bacteria.

7. The antitoxin when administered early in uncomplicated cases is an almost unfailing remedy, and is useful in all cases.

The virulence of the bacillus being determined by its environment, or dependent upon the fulfilment of certain conditions should be made the subject of careful investigation. Convalescents from diphtheria should be quarantined until they are no longer bearers of the bacillus, and repeated culture tests should be made to determine the period of their disappearance. Thorough disinfection of clothing, etc., cannot be considered accomplished so long as virulent bacilli can be found in the patient's throat. The bacilli can frequently be found in healthy persons recently exposed by reason of attendance upon a diphtheritic case, and these bacilli are probably of the same virulence as those in the diseased individual. A healthy person who harbors diphtheria bacilli as a result of recent exposure is therefore a source of danger, and ought, theoretically, to be isolated until free from the germ. For economic reasons such a course is not always practicable. On account of the large proportion of persons who escape diphtheria in an ordinary epidemic of the disease, the cost of antitoxin, the popular dread of its use, and the short period of immunity afforded by it (about three weeks), it is doubtful whether this remedy will ever be generally made use of as an immunizing agent. In special cases, in malignant epidemics, and in hospitals, this practice may be found of great advantage.

Sufficient progress has not been made in the development of coccal anti-toxins to make their use of practical value. Success in this line can be arrived at only when antiserum for the specific coccus found to predominate in a given case can be obtained.—*Therapeutic Gazette.*



## DEPARTMENT OF OPHTHALMOLOGY OTOLOGY, LARYNGOLOGY & RHINOLOGY

In Charge of Albert E. Bulson, Jr., B. S., M. D.

Oculist and Aurist for St. Vincent's Orphan Asylum, the Allen County Orphan Asylum and the U. S. Pension Bureau for Northern Indiana and Northern Ohio; Professor of Ophthalmology in the Fort Wayne College of Medicine, Fort Wayne, Indiana.

### *Acute Dacryo-Cystitis.*

Dr. H. H. Brown, in the *Illinois Medical Bulletin*, says that in acute dacryo-cystitis it would seem that to pass the lachrymal probe would relieve obstruction, establish drainage and an immediate return to normal would be the result. Such treatment he considers harmful because of the perverted condition of the parts, and the possibility of complications resulting from such treatment. Instead of the use of the probe he advises the use of iced compresses wrung out of boric acid solution and kept constantly on the region of the sac for twenty-four hours. If at the end of twenty-four hours a more favorable condition is presented it may be found advisable to continue the ice for a somewhat longer period, or until the symptoms of acute inflammation have subsided. If at the end of twenty-four hours there is no improvement, but rather an increase of all the symptoms it is best to favor the termination of suppuration by an incision into the abscess, with drainage of its contents. This is to be followed by cleansing and astringent applications to facilitate the recovery. The lachrymal probe should not be used until after the evidences of acute inflammation have entirely subsided.

### *Suppuration of the Antrum of Highmore.*

Dr. E. B. Gleason, in the *Medical Bulletin*, recommends in the treatment of suppuration of the antrum that the patient be taught to cleanse the antrum at least twice a day with a large quantity of sterile water as hot as can be borne with comfort. The patient introduces into his antrum, through the opening made in the canine fossa, a small hard rubber nozzle attached to a fountain syringe holding two or three quarts of boiling water. He then leans his head forward over a basin and allows the fluid to flow through the antrum and nose into the basin. Boric acid, table salt, or carbolic acid may be added to the water to increase



its efficiency as a cleansing or disinfectant solution if the physician desires, but it is the heat maintained for a considerable time by this large quantity of water flowing slowly through the antrum that most materially assists in bringing about a cure of the supuration. Such injections are always followed by a sense of relief and comfort. Following cessation of the discharge and pain the hot water injections are diminished in frequency of application, and the opening from the canine fossa into the antrum allowed to gradually close.

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#### *The Treatment of Tonsillitis.*

The editor of *Medicine*, in an editorial in the August number, says that it is surprising that the importance of curetting the follicles is not emphasized in all articles upon the treatment of the follicular variety of tonsillitis. The crypts are filled with a mucoid debris containing large numbers of bacteria, the local reaction depending upon the number of follicles involved. Gargles are of doubtful utility, as they do not bathe the tonsil and in any event they cannot reach the bottom of the follicle and influence the pathological process. It is necessary in such cases to follow the rule that is employed in the treatment of acne, to empty and disinfect the follicle. This may be accomplished by squeezing the tonsil against the side of the pharynx with sufficient force exerted from above downward to expel the accumulated secretions in the crypt. The manoeuvre is performed with the finger, and is somewhat painful but usually produces immediate relief. A more preferable way is to expose the tonsil in a good light and insert into each follicle a small curette or spoon, cleaning it out and subsequently applying an antiseptic.

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#### *Experiences in the Treatment of Diphtheria.*

Curtius, *Muenchener Medicinische Wochenschrift*, Munich, says that he orders children suffering from suspected diphtheria to spit into a dish of water and in this way has often detected scraps of false membrane as the first sign of diphtheria. He recognizes great benefit from the use of local applications of Loeffler's solution, applied on cotton and pressed onto the spots after removal of the membrane. It is of but little use if applied without the removal of the membrane. He regards gargles useful for the mechanical removal of bacteria and remarks that clear water is as good for this purpose as an antiseptic. He recommends the use of steam as a means of giving the child the moist heat so beneficial in softening the rigid infiltrated tissues in the throat and stimulating circulation in the parts, possibly loosening the membranes. These methods of treatment are employed in addition to the serum treatment which is highly recommended.





## BOOK REVIEWS

*A System of Physiologic Therapeutics.*—A Practical Exposition of the Methods, Other Than Drug Giving, Useful in the Prevention of Disease and in the Treatment of the Sick. Edited by Solomon Solis Cohen, A. M., M. D., Professor of Medicine and Therapeutics in the Philadelphia Polyclinic; Lecturer on Clinical Medicine at Jefferson Medical College; Physician to the Philadelphia Hospital and the Rush Hospital for Consumption; Consulting Physician to the Jewish Hospital, etc. Volumes III and IV. Climatology. Health Resorts' Mineral Springs. Ry F. Parkes Weber, M. A., M. D., F. R. C. P. (London), Physician to the German Hospital, Dalston; Assistant Physician North London Hospital for Consumption; Author of "The Mineral Waters and Health Resorts of Europe," With the Collaboration for America of Guy Hinsdale, A. M., M. D., Secretary of the American Climatology Association; President of the Pennsylvania Society for the Prevention of Tuberculosis; Formerly Lecturer on Medical Climatology in the University of Pennsylvania. In Two Books. Book I. Principles of Climatherapy—Ocean Voyages—Mediterranean, European, and British Health Resorts. Book II. Health Resorts of Africa, Asia, Australasia, and America, Special Therapeutics. With Special Article on the Hawaiian Islands by Dr. Titus Munson Cohen, of New York. Illustrated with Maps. Philadelphia. P. Blakiston's Son & Co. 1012 Walnut Street. 1902.

The subject of climatology is one concerning which the average practitioner is very poorly informed. The reasons for this are numerous and obvious. The prescription for a change of climate is not so readily filled as one for cod liver oil or creosote, and the difficulties increase as one passes from the urban to the rural population. Hence the country practitioner has less experience and less occasion for a full knowledge of climatology. However, cases frequently arise among a class of those patients who are able and willing, if they understand the situation, to take advantage of climatic influences, and it is clearly his duty for the physician to place himself in a position to give them intelligent and trustworthy advice.

The present work, comprising volumes III and IV of Cohen's *Physiologic Therapeutics*, contains a full, comprehensive, and scientific exposition of the entire subject, and really leaves nothing to be desired.

The first volume opens up with an extended general discussion of the fundamental principles of climatology including the scientific treatment of the questions of the influences of oceans, lakes, and mountains and the modifications produced by hydrographic and electric phenomena upon the air. This section comprises sixty-eight pages of volume I. Anyone who masters this section will have a good fundamental knowledge of climatology.

The remainder of the first volume and a large part of the



second volume deals with individual health resorts in both hemispheres, and the latter part of the second volume with the discussion of climatic indications for different diseases chief among which, of course, stand pulmonary complaints, although climatotherapy is really applicable in selected cases to quite a large variety of diseases.

The volumes are written by the well-known climatological expert, F. Parkes Weber, of London, with the colaboration for America of Dr. Guy Hinsdale who is a prominent member and the secretary of the American Climatological Association and an active and well-known worker in these lines. These volumes, and the monumental work which they form a part, are commended to the medical profession as marking an important mile stone in medical progress and indicating the culmination of the emancipation of therapeutics from the oligarchy of drugs.

G. W. M.

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*The Practical Medicine Series* of the Year Books Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Issued Monthly. Under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume IV. Physiology, Pathology, Bacteriology, Anatomy, Dictionary. Edited by W. A. Evans, M. S., M. D., Adolph Gehrmann, M. D., William Healy, A. B., M. D. August, 1903. Chicago. The Year Book Publishers. 40 Dearborn Street.

This volume deals with physiology, pathology, and hygiene. The section on physiology is quite brief, occupying only twenty pages. Among the interesting points noted is the effect of the suprarenal glands upon sugar metabolism. The glycosuria resulting from the extirpation of the pancreas is prevented if the suprarenal glands have previously been excluded from the circulation. The production of glycosuria by the injection of adrenalin is also curiously prevented by extirpation of the adrenal glands. These investigations open up an intensely interesting field in the pathology of glycosuria, and therapeutics of adrenalin.

The activity in pathological research is indicated by the fact that about 100 pages are devoted to pathology proper and about 40 to the closely related topic of bacteriology. The subject of hygiene is fully treated in a subsequent section as well as that of anatomy. The lymphatic system has been the subject of some important investigations during the past year.

An interesting feature of this volume is a dictionary of new terms used in medicine.

The volume is a most interesting one and will amply repay perusal on the part of those who desire to keep abreast of the progress in topics of which it treats.

G. W. M.



# Fort Wayne Medical Journal-Magazine

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## EDITORIALS

### *The Journal of the American Medical Association.*

“Several journals—second, third, and fourth rate ones—have recently seen fit to attack the *Journal of the American Medical Association* for its commercialism, for its rivalry with private journals, etc. We received marked copies of those journals with the request ‘to go for the *Journal*.’ We are sorry that we must prove balky and refuse to ‘go.’ The attacks on the *Journal* are not inspired by high motives and can bring nothing but harm. It is true that the advertising pages might be somewhat cleaner than they are, but great improvement has already been made in that direction and no doubt within a short time the advertising pages will be above criticism. The *Journal* refused and dropped eight thousand dollars’ worth of advertising last year, and is slowly but surely approaching the ideal. Instead of hampering and harassing it, let us strengthen its influence and increase its



subscription list. As soon as the 50,000 mark is reached the *Journal* will double its rates and will then be in a position to be much more strict and exclusive in the selection of its advertising.

"If the increased circulation of the *Journal* will cause the death of some small, insignificant publications, so much the better. There are too many so-called medical journals, that have absolutely no right or reason to live.

"The above is our answer to those who asked us 'go' for the *Journal of the American Medical Association*."

The above appeared in the *Medico-Pharmaceutical Critic and Guide* for November and is from the pen of the forceful and fearless editor of that excellent journal. We agree entirely with the opinions expressed therein. We, too, have been asked to "go for" the *Journal of the American Medical Association*. In reply we wish to say that we have been "going for" it as hard as we could ever since its birth and propose to continue to "go for" it with all our might in the future, with a view to making it the best medical weekly in the world. The *Journal's* interests are the profession's interests and no man who is at heart a friend of the profession will sacrifice the *Journal* because he is interested in a private publication.

Medical journals which cannot survive in an atmosphere such as is being created by the *Journal of the American Medical Association* and other high-class medical periodicals can not die too soon for the good of the profession.

The advertising pages of the *Journal*, like Mary Mapes Dodge's "Country Doctor," should not only *be* right but should also *seem* to be right, and with the attainment of this end in view over sixteen thousand dollars' worth of advertising has been refused by it this year. The *Journal* should not only be the most desirable advertising medium of its kind but it should also be made the most desirable avenue through which the medical and surgical writers of merit may reach the body of the profession. Every member of the American Medical Association is a stockholder in the *Journal* and we hope soon to see the time when this will be equivalent to saying that every reputable doctor in the United States is a stockholder. The list of members of the American Medical Association shows that we are approaching this time rapidly.

The *Journal of the American Medical Association* should represent the united effort of the united medical profession in the



United States. Its march of progress in this direction has been rapid and will continue until the goal is reached, and the man who tries to stop it would better, like the Irishman who tackled the bull, take his laugh before he undertakes the job. The success of the *Journal* will redound to the interest of all high-class medical periodicals, and those not in this class can not join the "silent majority" too soon.

Yes, we will "go for" the *Journal of the American Medical Association* until it is as fit and perfect a product as it should be to represent the united effort of the best organized body of the best and noblest profession on earth.

M. F. P.

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***The Fort Wayne Christian Science Discussion.***

Rev. J. N. Field, pastor of the First Baptist church in Ft. Wayne, preached a sermon a short time since against Eddyism. This sermon was printed in full in the *Journal-Gazette* of Nov. 30, and the issue of the same paper for Dec. 5, contains a reply to the sermon from the pen of Clarence A. Buskirk, who signs himself "C. S. Publication committee for Indiana." This letter would seem to indicate the existence of a publication committee in *every* state, a mark of considerable business ability on the part of the Eddyites.

As a general rule it is perhaps the best policy to say nothing in reply to attacks against the medical profession, but it cannot do harm occasionally, when one reads such tirades and insinuations as follow here, to take an invoice of our assets and liabilities, and fix our position in the world firmly in our own minds as well as in the minds of the public generally.

Mr. Buskirk writes as follows:

"Dr. Field misrepresents the attitude of Christian Scientists toward the doctors when he states that our doctrine would make them all 'fools.' On the contrary we gladly recognize that a large majority of the medical profession is made up of good and intelligent men. But we look upon materia medica as based on materialism, knowing nothing of God in its doctrine and practice; that it deals with man as an animal rather than an immortal spiritual being; that it doctors effects and secondary causes; that it is empirical and not scientific, frequently changing its practices and notions; that it is on a false basis, shown by its ignoring God and man's



immortal spiritual being; and also shown by the fact that it is at least 4,000 years old, during which time millions of dollars have aided its colleges and thousands of profound scholars have worked in its ranks, and yet human diseases have increased in numbers and malignity, and the percentage of its cures has not perceptibly increased."

We are glad to note that Mr. Buskirk early acknowledges some intelligence in the medical profession, for his subsequent statements evidently are made for the purpose of showing its entire absence in that body.

He says "materia medica is based on materialism, knowing nothing of God in its doctrine and practice." We submit, as a profession, to an intelligent Christian Scientist the proposition, that we know as much about God as Mrs. Eddy does or anyone else. Of course the above charge is not placed against the profession but against "materia medica;" and as he seems to use the words "materia medica" to mean not only drugs or agencies for the alleviation and cure of disease but also those who direct their administration, the above statement may stand as it is.

Perhaps Mr. Buskirk may be induced to tell in print what he *knows* about God. Absolute knowledge, not beliefs. What is God? A man, a force, or, an omnipotent intelligence without form?

He might also be induced to define "spirit," the immaterial, and tell what he *knows* about it. Then also we would like to know what he *knows* about materia medica. Does he know that if he himself or any of the other followers of Mrs. Eddy inadvertently swallows aconite, or belladonna, and the amount be sufficient, that death will ensue in spite of the mental gymnastics of his co-believers? Does he know also that any one of thousands of physicians could save his life under the same circumstances? It isn't in this instance a question of faith at all; it is a question of the *knowledge* of the effects of the poison ingested and its antidote, together with the ability to employ a stomach tube. Materia medica as a science needs no knowledge of God any more than does botany, minerology or astronomy. The effects of its agents are manifested on all men, irrespective of belief, with very little, if any, variation.

The profession, generally, I think, would be willing to plead guilty to this charge that materia medica is based on materialism; that is, that the spiritual is not taken into account in ordering a



drug to modify or cure a disease; that only the material drug and the material patient is considered. What the Bible records, what Christ is reported to have said to any one, what Paul did or what Moses did or said, does not concern the physician when he orders measures for the relief of human suffering. To throw the blame for sickness upon God, or to blame Him for the failure of remedial measures, or to suppose that one weak "material" effort is enough and rely then wholly upon prayer and upon God or His promises, and in case the patient dies to say that it was God's will, is to blind oneself to one's own deficiencies and marks the moral and physical coward. God never yet prevented five grains of strychnine, hypodermically, from being fatal. There is no record of Him ever having prevented small-pox or cholera epidemics recently, or in the remote past, say 4,000 years ago.

In fact He doesn't seem disposed to interfere in the progress of any illness. When once it can be definitely determined that a given disease is present the base, ignoble, material physician who knows the disease, can forecast the date of dissolution with tolerable certainty if it be a mortal one, or of recovery if it be amenable to treatment of any kind. In some cases he can say with certainty that "if you pursue this course of treatment you will recover, if you do not you will die," and it doesn't make any difference whether Christian Science be the one selected in opposition to his opinion or not, the death comes just as certainly and just as soon.

And we suppose the most of us would also have to plead guilty to the second accusation, "that we deal with man as an animal rather than an immortal spiritual being." Perhaps the majority of doctors would wish to be considered in that light when they themselves are taken sick. The diseases are very few, indeed, which have no alteration in structure or function as their underlying cause. It would do Mr. Buskirk good to act as assistant to the pathologist of some large almshouse or hospital where he could be brought into daily contact with the material evidence of disease; where he could see and feel a diseased kidney or liver or lung or heart or brain. It would perhaps be better if he could see such evidence of disease in the body of a devoted Christian Scientist or a minister of the Gospel. Such a course would be more conducive to sound reasoning than the study of philosophy or metaphysics in the abstract.

His third complaint against "materia medica" is "that it doctors effects and secondary causes." We take it that he means to complain of physicians.



Now it is a matter of common observation that one does not often consult a physician to be prevented from getting sick. It is only after he finds himself ill that he thinks of taking measures to secure his restoration to health and to that extent the physician must "doctor effects" although as a body the medical profession has been for years engaged in trying to secure legislation to prevent the propagation and spread of many infections, to prohibit food adulteration (which might produce sickness) and to prevent those unable to discriminate between doctors from being jeopardized life and limb by accidentally choosing one not qualified to practice the art.

To the charge that medicine is empirical and not scientific it is hardly worth while to allude because anyone who has kept abreast of the times at all knows that medicine is fast becoming an exact science, that it can no longer be called empirical but is intensely rational. There were some therapeutic facts that were formerly employed empirically, but with the advent of a more exact pathology the reason has become plain. Of course its practices and notions change. Instead of being a reproach this is commendatory. It is only theology that is supposed to need no change and even this has been modernized somewhat so that it might be a little difficult for the early followers of the Christian faith to recognize their brothers of today were they to revisit the earth. Medicine is not a dead language. As fast as new facts are discovered they are appropriated and used by the physician. Let us hope that this will ever be the main reproach flung at us, namely that it "frequently changes its practices and notions."

Mr. Buskirk's profound ignorance of the history of medicine is shown by the last part of the last charge, namely "that it is on a false basis, \* \* \* \* shown by the fact that it is at least 4000 years old, during which time millions of dollars have aided its colleges and thousands of profound scholars have worked in its ranks, and yet human diseases have increased in numbers and malignity and the percentage of its cures has not perceptibly increased."

It is a little bit hard to understand how the latter, even if true, which of course is far from being the case, would argue that medicine is on a "false basis." One might as well say that any knowledge is on a false basis, an absolute absurdity. The aim of all medical research has been the increase of knowledge, for



“knowledge is power.” The more the profession knows of the causes of diseases, the natural history of pathological processes, the better fitted it is to control their spread and to treat the individual examples of it. And some of the grandest examples of martyrdom this world will ever know has been shown by members of the medical profession in their devotion to the cause of humanity and the relief of suffering. We challenge Mr. Buskirk to produce in his own profession or faith the equal of Dr. Lazears’ self sacrifice. The utter disregard of self and family shown by Dr. Lazears to prove to the world the mode of infection in yellow fever cases is without parallel in the history of mankind. There were others in the same commission who were equally heroic only the infection they contracted did not prove fatal. This one fact discovered by Dr. Lazears and his associates, demonstrated to a certainty, will save more lives in one year than will the faith and prayers of Mr. Buskirk and his cohorts in several short eternities.

It might be well to call Mr. Buskirk’s attention to another disease, cholera, which numbers untold thousands among its victims, whose birthplace is along the waters of the sacred river and which is spread by the returning pilgrims on their march back from their ceremonial ablutions in the Ganges. From this focus the disease was carried to all points of the world as fast as men could travel, until in 1884 Koch discovered the cause of cholera. He succeeded in growing the germ and producing the disease in lower animals with it. He learned its peculiarities and the conditions of its growth and propagation, and unselfishly gave his knowledge to the world. This knowledge enabled the health officers at the port of New York in ’92 and ’93 to prevent a terrible sacrifice of life in this country by successfully handling those afflicted with the disease and their effects who sought entrance to our country. Then Haffkine in India has carried out immunizing injections against the disease with good results. The death of the assistant in Koch’s laboratory from accidental inoculation with the cause of the plague may be recalled as another instance of fearlessness in original research.

The only disease that has increased in malignancy so as to be at all perceptible is pneumonia, with the possible addition to cancer, and it may be said that there are laboratory workers busy in the study of these affections now and have been for years. As for the great white plague, it has yielded remarkably to the general movement against it. Diphtheria has ceased to be



dreaded. And there are other diseases which have yielded to science (not Christian Science) and will continue to yield to patient, conscientious, labor which is not warped by religious bias or any other influence, but is guided only by the desire to know the truth as it actually is, allowing no preconceived notions to alter conclusions nor attempting to make facts fit a fancy. If it were not for consuming too much space instances of this kind could be multiplied almost indefinitely.

As for Christian Science, let it do some good in the world before it lays claim to recognition. As yet we have never seen any good come from it, but we have seen a great deal of needless suffering caused by it, and we can cite the instances if necessary.

B. VAN S.

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### ***Medical Reorganization in Indiana.***

As might have been expected the reorganization of the medical profession of Indiana has met with success and, with the beginning of the new year, there will probably not be a single county in the State that will not have an active medical society and one that is in affiliation with Indiana State Medical Association. The councilors of the State Medical Association are deserving of great credit for the work already accomplished, which has been at an expense of time and money, to say nothing of inconvenience and the usual discouraging experiences encountered in districts where indifference and professional apathy existed. Fortunately the enthusiasm of the active members of the profession has been more or less contagious, and accordingly medical organization with all the benefits accruing therefrom has taken root in every section of the State, and, in some sections has already had, a remarkable growth. The continuance of the growth will depend upon the activity of those who are instrumental in creating a sentiment in favor of bringing all reputable physicians into organizations for furthering the scientific, social and business interests of the profession. If the more active and progressive men will continue the work so well started the time is not far distant when every reputable medical man in the State will be an active force in all that makes for the betterment of the medical profession. We therefore urge those who have put their shoulder to the wheels to continue the effort.

A. E. B.



## ORIGINAL ARTICLES

No paper published or to be published elsewhere as original  
will be accepted in this department.

### *The Treatment of Movable Kidney Without Surgical Interference.\**

BY  
DR. CHAS. D. AARON,  
Detroit, Mich.  
(Author's Abstract.)

All authorities agree that the treatment of movable kidney should be conservative and that surgical intervention should be reserved only for a true "surgical kidney." When a proper mechanical support fails to hold the kidney in place and the annoying symptoms are persistent, then, and then only should an operation be advised.

From observation in my own practice of 442 cases of movable kidney, I firmly believe that 90 per cent. of patients who suffer from movable kidney and associated ptosis can be relieved without an operation.

It is only in the last few years that physicians have recognized the pathologic influence that movable kidney has upon the different organs in the body. Many patients with movable kidney are treated for indigestion, hysteria, neurasthenia, uterine and ovarian disease, appendicitis, biliousness, liver trouble, anemia and many other diseases. Movable kidney is responsible for constipation, backache, debility, acne, headache, nervous exhaustion and a long list of other symptoms. Many times we find a prolapsed stomach, colon, liver and spleen, and every one of these must be held in position before we can expect a good result.

Atosis of the abdominal organs is the cause of many uterine displacements. Pessaries, tampons and all operations for holding the uterus in proper position give poor results. Whenever the patient is on her feet the kidney, stomach or colon presses directly upon the bladder and uterus.

The main treatment for movable kidney is to support the dislocated organ and along with it such other abdominal organs as are displaced, and to maintain them in their normal position as

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near as possible. This is usually accomplished by means of special bands. These should be constructed for each patient, out of stiff material, and should fit accurately. There is no one band that will fit all patients. If the intestines are in position care must be taken that the band does not press upon these organs as a great deal of harm may be done in this way. It is a good plan to inflate the colon with air and then map out carefully the transverse colon as this is apt to be prolapsed. The position of the stomach must be located accurately. It is necessary to know the position of both spleen and liver. I am in the habit of taking a model of the abdomen with a piece of pliable lead so as to get the exact shape of the patient just at the lower edge of the displaced kidney. It is here that the greatest pressure must come. There should be no pressure directly upon the kidney itself. With a band fitting properly just under the displaced kidney, it will be supported and held in its normal position. Every band should be made so that there is a uniform pressure over the whole lower part of the abdomen. The pads must be so arranged that they push each displaced organ from below upward and backward. All pressure upon the upper abdominal region should be avoided. After the proper fitting of a band an examination of the stomach contents will decide the best dietetic and medicinal method of treatment.

Ready made abdominal bands for holding the kidney and other organs in position are usually failures. The physicians send their patients for a band to an instrument maker who has not the slightest conception of the result which should be obtained. It does not make much difference to the instrument maker whether the kidney is displaced at the level of the umbilicus or whether the kidney is as far down as the brim of the pelvis. It does not make any difference whether the stomach is partially prolapsed or whether part of the intestine is prolapsed. The patient is sent for a band and a band is sold. At the end of a few days the patient says that he or she cannot wear such an apparatus on account of the discomfort. The pressure may be upon some weak point which causes a great deal of pain. Many times patients are sent by their physician to the surgeon for an operation without much more consideration. It has been found that between 90 and 95 per cent. of these cases can be cured by the fitting of a proper support and it devolves upon the physician to see that a proper band to hold the organs in position is made.



It has been repeatedly proved that many patients have a movable kidney without suffering any discomfort. Again a slight nephroptosis may be the cause of innumerable symptoms. I am led to believe that when patients have gastro-intestinal and nervous symptoms there is always a ptosis of some other organ of the abdomen besides the kidney. The cases in which the kidney alone is movable are those that give little or no symptoms.

Besides properly supporting the kidney and other displacements of the viscera, diet, tonics, electricity and massage all hasten the result of the treatment.

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***On the Limitation of Drug Medication.\****

BY  
DR. CHAS. W. FRINK,  
Elkhart, Ind.

That the efficacy of drug medication has its limitations may be assumed. That something lies beyond these limits as the physical horizon is bordered throughout its circle by that which a higher altitude, or keener vision would make plain, may be accepted as a corollary.

The writer does not hope to add new knowledge to the existing fund, but feels that possibly good may come from suggesting a line of medication which may lead to the widening of individual horizons, by the simple process of grasping more and more of what lies just outside the circle of habitual usage.

We are all conscious of the tendency toward routine methods of thought and procedure in the practice of our profession. The influences making for this tendency are so many and powerful, that the wonder is that we have, as a profession, so successfully resisted them.

Every busy man knows how the daily round of work wears grooves into his nature, the following of which we call habit. A constant effort is necessary to keep from wearing these grooves too deep. It is inevitable that as new cases present themselves they should be classified, and once classified the train of thought gone over in connection with other cases of this class is naturally followed, and only by effort is the mind of the tired and often overworked physician roused to the necessity of giving to the case in hand the new thought that shall make the giver satisfied, not only with his results but with the methods by which they are

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achieved. It is a trite phrase that every case must be considered on its own merits, but only those who have struggled to follow the line of action suggested, know of its difficulties.

No argument is needed to show that every case has its own features and possibilities, but to define these obviously the only course is to give each one independent and unprejudiced thought, classifying it after study and not before. Thus only will its limitations, not only in the matter of drug treatment, but in all other features of treatment, become plain.

A recognition of just what may be expected from drug administration in a given case will lead to avoidance of another tendency among busy men. The manufacturing chemists have endeavored to take from our shoulders many burdens. They have put into definite shape favorite and approved formulae, and the success they have reached in the production of elegant pharmaceuticals calls for our commendation and gratitude as well as that of our patients. But wilfully or not, they set a trap for us, and professional pride and dignity must keep us from too easily falling into it. Just as an indolent and careless man will drift into the use of favorite methods, and prescribe without due discrimination, after a more or less crude classification of his cases, so those of us who dispense our own prescriptions may drift into the habit of taking our cues from the supplies we have in our cases or upon our office shelves. DaCosta's heart stimulant is an admirable combination, but the fact that a mitral regurgitant murmur is heard, or that palpitation is complained of, does not of a necessity indicate that just that combination of drugs is needed. If the condition calls for increased compensation in order to overcome the cause of the symptoms, it is surely better to prescribe with that end in view and direct our remedy accurately. We may certainly take more pride in shooting straight with a rifle than in hitting a mark with a shot gun.

The existence of cough does not of a necessity call for an exhibition of the particular brand of cough syrup we have so often prescribed, or perchance have in gallon lots on our shelves. The patient who coughs has features all his own and accurate adjusting of means to ends is called for if we would treat his cough successfully. If a physician recognizes the limitations of drug medication he will not be prone to use pharmaceutical shot guns.

An accurate recognition of the limitations referred to will always call to the mind of the conscientious physician the fact



that he must not depend upon drugs alone. The case confined to bed or house must not be deprived of pure air, and it is the physician's duty to see that this is administered as carefully as drugs. His tubercular patients will receive the benefit of his most careful thought along this line, and in proportion to the accuracy of his adaptation of this agency to the needs of the individual, will his results be satisfactory.

Sun-light, direct or indirect, with all its cheering and stimulating effects lies just beyond the border of drug medication, and too often the dusky gloom of the sick room is like the dim religious light suggestive of death rather than hope for a resurrection of vitality and strength.

The adjustment of diet to the needs of the individual patient is a matter of importance. The same acumen that decides where drug-giving shall be limited will lead the practitioner to an accurate adaptation of means to an end in this regard. New fresh thought—not that we fixed in our mind years ago—is the due of today's patient, and a simple shifting of responsibility by ordering light, liquid or a full diet for a given case should not satisfy the exacting conscience. From the time when the memory of man goeth not to the contrary, milk, for instance, has been almost indiscriminately exhibited, the only exceptions being recorded in the cases of those whom a guiding providence teaches that they "do not like milk." The existence of an infection of the alimentary tract should bar the use of such articles of diet as afford favorable culture media for bacteria, and yet milk is not only extensively used, but is seldom properly sterilized; thus, because of improper handling, adding to an already existing infection.

Careful consideration of the case may justify the giving of milk, guarded by sterilization (by which term is meant more than so called "scalding" so often deemed sufficient), but haphazard prescribing in this simple matter will very often work great injury to the patient. This matter is alluded to only as an illustration of how pregnant with danger is a course of unthinking adherence to established standard, regardless of individual requirement, and is not to be taken as an expression of opposition to the use of milk in proper cases.

A study of the principles on which the best so called systems of physical culture are based, will enable us, often times, to do great things for our patients. Every factor capable of giving soundness and consequent perfection of function to the body,



should be made a part of our armamentarium. There is no reason why this matter, simple in itself to one who has knowledge of fundamental requirements, should be left as it too often is to faddists; who base unwarranted claims upon the essentially correct principles of physical culture, and who, by following quackish methods, endeavor to bring discredit upon us.

Reference to the fact that surgery lies just beyond the limit of drug medication is unavoidable in this connection. There is inherent in human nature a persistency that leads many physicians, once embarked on a course of treatment in a special case, to strongly desire to follow this course to its legitimate end. Gynecological cases for instance, are treated medicinally for months and packed and douched with little or no benefit, when a reference to the surgeon early in their history would have resulted in a prompt cure. Gall stones are treated by olive oil and hydragogues long after a proper recognition of the limits of medicine should have led to an operation; and even in this day of imperative teaching on the subject, many cases of appendicitis are allowed to reach the point where all treatment is unavailing because it is not deemed wise to resort to surgery early in such cases. The function of the physician is to save life and relieve suffering, and even though the advice given to that end may involve the sacrifice of cherished but mistaken principles, let us recognize the proper limits of drug medication. Co-operation with surgical consultants from whom we may hope for the same conscientious deference to the limitations of their own work, should enable us to find the channel 'twixt Scylla and Charybis.

This is a day of fad; not that any period of the world's history has been free from them; but of late they have seemed to find root in ground from which better fruit might be expected. Numbers of people of some education and intelligence, and with apparent sanity in ordinary affairs, are drawn into the meshes of their delusions, and monstrous fads flourish amazingly. Logic is thrown aside as a fundamental principle, and thus unrestrained by attachment to anything stable they lead their devotees into beliefs and convictions which seem entirely inconsistent with real sanity. Perhaps most prominent among these are the two cults which draw their inspiration from Concord, of literary fame, and Kirksville, Mo. In considering the development of these fads there is a question we should ask ourselves: Is it possible that the disgust and righteous indignation we feel over the extravagant



and senseless claims made by the promulgators of these doctrines, causes us to assume an attitude so different from what we would take toward victims of ordinary delusional insanity that we lose the power for good we would expect to have in such cases? We would humor the whims of deluded patients brought to us in the ordinary course of events, and so seek to obtain and maintain an influence over the erring mind; but when great masses confront us with absurd delusions and monstrous claims we assume to the fullest extent our professional dignity, and if any expression is drawn from us, as a profession, it is usually one of contempt. We cannot expect to influence the Christian Scientists or the dupes of the Osteopaths by such an attitude. They have some ordinary human nature left in spite of their vagaries, and naturally, our course only tends to confirm them in their delusions.

Perhaps if a different attitude on our part were possible; if we could be more gentle with them, and less obviously prejudiced, we might obtain an influence—not so much over them as over those who may be hesitating on the border lines of their delusions, and thus largely cure the public of these awful maladies. I believe a different attitude is logically open to us, and that in considering the limitations of drug medication we may see that just beyond the horizon lie certain truths which these people have seized upon and made into foundations for the unstable and flimsy superstructure of their fads. If this is recognized we should bear ourselves differently toward them, and toward the public which must serve as referee in the final adjudication of this matter.

I shall not go into an argument to show fully that there is truth in the bases of the cults, but only refer to the recognized facts that mind has an influence over the health of the body—that the power of suggestive therapeutics in its simpler sense is undisputed, and that whatever tends toward calmness and serenity of spirit, works against disease; and further remind you that whatever tends to increase the local or general nutritive functions of the body, such as massage or systematic manipulation, long known as passive motion, promotes health and increases vitality. In these facts lies the clew to all the good that resides in so-called Christian Science or in Osteopathy, and intelligent physicians will continue to use them for the benefit of their patients as they have done heretofore. We may even hope they will use them more than they have done, because not the least of the good effects of these two fads has been to show us that these features



of extra-medical therapeutics may be developed into matters of greater importance than we have realized before. The kernel of the nut is ours to use in our daily labors, while for the fantastic and ridiculous covering or burr we have no use. We may cast aside with good-natured contempt the so-called systems which fakirs have fostered to delude and victimize the people, and go on giving our patients the benefit of a broad-minded application of agencies lying just beyond the border of drug medication which are no less valuable because they have been put to base uses by faddists.

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***Report on the Results of the Use of the Elastic Ligature  
(McGraw) in Twelve Cases of Gastro-Enterostomy.\****

BY

[CHARLES B. NANCREDE, M. D., LL. D.,  
Ann Arbor, Mich.

The brief remarks which I propose making are not intended to do more than call attention to an easy, expeditious and safe method of performing gastro-enterostomy or entero-enterostomy in certain classes of cases. It will not be urged that this method should supercede all others, or that it is fitted for all varieties of disease where gastro-enterostomy is indicated.

Any method of performing a gastro-enterostomy which advances claims to superiority over other forms of technique must substantiate these by showing that it is (1) more simple, hence easier of performance by the less expert; (2) that it is inherently safer, both theoretically and practically; (3) that it can be done more quickly by the average operator, or, at least, that it requires no more time to complete than other methods; (4) that it demands less complicated instruments; and (5) that it is especially adapted to the majority of cases which demand gastro-enterostomy for their relief. Incidentally, other advantages can be claimed, but the five already mentioned should suffice.

I shall briefly describe the technique of this operation which has doubtless escaped the memory of some present, because the mere relation of the details will prove some of the claims advanced for the method.

As the only peculiarities of the method are those concerned with the formation of the communication between the stomach and intestine, any incision through the abdominal walls may be

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made which the experience or fancy of the surgeon dictates. Personally, if I think it is possible that a pylorotomy can be done I prefer the oblique (Billroth incision); when I am sure no removal of the stomach is indicated, I employ a median incision above the umbilicus.

I do not propose to argue as to the advantages of anterior or posterior gastro-enterostomy, the advisability of entero-enterostomy in addition to gastro-enterostomy, or the proper direction in which to secure one viscus in relation to the other.

Having identified and selected the proper portion of intestine, this should be held, together with the stomach, by an assistant, gently upon the stretch, when a continuous sero-muscular suture can be passed for a distance of two or more inches, according to the size of the opening desired.

If the assistant will so hold the stomach and intestine that they are somewhat distended with flatus, this manœuvre will facilitate the next step by preventing the needle point catching in the valvulæ conniventes or the opposite wall of either viscus. A good-sized darning needle threaded with a rubber ligature about three m.m. in diameter (one-eighth of an inch) must now be thrust through the stomach wall near one extremity of the suture line and made to emerge near the termination of the same. It will thus be seen that any sized opening desired can be secured. An assistant by maintaining traction on the elastic ligature renders it much smaller so that it can readily be drawn through the stomach for about half its length. Next the needle should be made to penetrate the intestine opposite its point of emergence from the stomach and be brought out again, with the ligature, at a point corresponding to that where the stomach was first entered. This order of passing the ligature is better than the reverse, being not so liable to produce infection should the ligature touch any viscus, and is also advantageous by not putting so much strain on the suture line. Needless to say, tension on the ligature favors its passage, and a careful wiping of the end by a wet sponge after its emergence first from the stomach and later from the bowel, is advisable. Done in this way I cannot conceive how infection can occur, even if the ligature breaks—an incident which has happened to me—because the opening is tensely filled by the ligature and if this escape by breaking, the orifice is so small that I have never seen the fluid visceral contents escape. A stout silk ligature must next be laid between the points of emergence of the rubber



cord from the stomach and intestine. The rubber ligature must now be firmly drawn upon, an assistant crowding the included visceral walls well along the *stretched* ligature, after which the first half of an ordinary square knot should be tied and tightened until the ligature will stretch no further, as shown by the two members of the tie no longer slipping past one another. Proceed deliberately at this point, for a steady, prolonged pull must be maintained, otherwise the cord will either break, or will not be tight enough to cut as quickly as desirable. The assistant should tie the silk ligature tightly with a square knot around the rubber half tie, the ends of which will at once assume their former diameter when the tension is relaxed i. e., become four or five times larger than where secured by the silk ligature, thus preventing slipping. The second member of a square knot can be made with the stretched rubber ligature and tied with the silk ligature, if deemed advisable. Cutting the rubber ligature close to the silk tie and burying this with all the tissues included in the rubber loop by a continuous silk sero-muscular suture completes the anastomosis, when, after cleansing the parts and dropping them back into the abdomen, the parietal wound is to be closed.

Let me advise as a result of experience that only the best *new* rubber ligature be employed and that it be tested before using to ascertain what is the utmost tension it will stand without breaking, and also to recognize the sensation imparted to the hands when it has reached this point. Dr. Angus McLean's needle is also a distinct advantage for passing the ligature, but a good-sized darning needle is all that is actually requisite. In like manner this specially prepared tapering, elastic cord is desirable, but not essential, especially with McLean's needle.

Only the briefest recapitulation will be requisite to demonstrate the truth of my five contentions, although somewhat more than these will be seen to be therein included. Surely nothing can be more simple and require less technical skill than the procedures I have described. The inherent safety both theoretically and practically need not be further dwelt upon. The time requisite to complete the operation should be no more than when the Murphy button is employed, the size of the opening is unlimited, and the minute foreign body formed by the loop of the ligature can be confidently ignored.

No special instruments are demanded, no clamping of intestine or stomach to prevent escape of their contents, no elaborate packing off of the abdominal cavity to prevent infection.



No other method, except that by incision and suture, can provide any but a small opening, and no one will, I presume, claim, that except in the hands of a somewhat expert person, this method of forming an anastomosis is either rapid or safe.

One of the dangers of gastro-enterostomy is the so called vicious circle caused by one of three conditions, the first of which alone deserves this name; (1) accumulation of fluids and food in the duodenum with prompt regurgitation of the same into the stomach through the artificial opening; (2) the passage of food into the duodenum distending this, causing motor insufficiency of the stomach from partial stagnation of its contents; and (3) reflux of the jejunal contents into the stomach caused by the act of vomiting, as Fowler contends. The tendency to vomit incited by the anæsthetic and the stomach trauma usually subsides after the first two days, i. e., *before* the opening has been made between the stomach and the intestines by the ligature, which alone renders jejunal reflux or the true *circulus vitiosus* possible.

It does not require much of the intestinal contents in the stomach to excite revolt on the part of this organ, hence a persistence and increase of the emesis which in turn serves to perpetuate the cause.

Is there no dark side to this roseate picture? Certainly. When an immediate communication between the stomach and the intestine and between intestine and intestine become requisite, the elastic ligature is absolutely contra-indicated. When for any good reason at least three, possibly five days cannot be spared before full stomach feeding is instituted, the decision should be given against the ligature, although it must be rare indeed when a case fit for any operation cannot be at least partially nourished by the rectum for the requisite period. Moreover, dilatation of the stomach not due to malignant disease of the pylorus or the complete obstruction of this orifice is one of the most common conditions for which we do a gastro-enterostomy, and in such cases the requisite delay is rarely dangerous. When not contra-indicated for the reasons already given, or for other adequate ones, the superiorities of the elastic ligature renders this the method of choice.

If the very simple precautions be taken, which I, in common with the originator of the method have urged, I do not think that Fowler's application to the rubber ligature of a saying of Codivilla's concerning the Murphy button is warranted, viz: "Its good function is always in God's hands."



The twelve cases reported have been all those which during the last eighteen months would consent to operation or which were fitted for gastro-enterostomy. Other cases declined operation or intervention was not deemed proper. No fatality traceable in any way to the method of operating occurred, although one patient died in thirty-six hours from exhaustion, and another in eight days from a carcinomatous obstruction of the colon. A post mortem examination in both instances demonstrated that the method of operating had nothing to do with the fatal result. No failure to secure an adequate opening has been observed in any case except the one dying within thirty-six hours, time enough not having elapsed for the proper action of the ligature. While these twelve cases are not enough to settle any moot question, so many other observers have reported successes that surgeons are beginning to feel a well-founded confidence in the McGraw method, and I have therefore contributed my mite to the general fund of information on this important subject. Several of these operations having been done during my absence in Europe by one of my assistants, my report is all the more valuable because embodying the experience of two operators. I am so much pleased with the method that I expect soon to report a much larger number of operations for, while I have frequently opened the abdomen in the past and declined to do anything further on account of the extensive disease present, I consider the ligature method such a slight additional danger when the abdomen is once opened that I shall be inclined to give cases the benefit of the doubt and shall make gastro-enterostomies by the ligature in many cases where formerly I declined to intervene.



# SOCIETY PROCEEDINGS

## *Northern Tri-State Medical Association.*

The regular meeting of this Association was held at Elkhart, Ind., on December 1, 1903, with President, Dr. G. W. Spohn, of Elkhart, presiding. The attendance was the largest in the history of the Association for the past four or five years, and indicated the increase of interest manifested in the Association following the reorganization and election of progressive officers. The sessions were held in the Congregational Church which was admirably adapted to the purpose. The ladies of the church served a most excellent dinner for the visitors in the basement of the church, and the members of the Society and visiting guests were tendered a banquet in the evening by the Elkhart Medical Society and citizens of Elkhart.

The morning session was opened with a paper by Dr. W. F. Shumaker, of Butler, Ind., on "Echinacia; Some of Its Uses as an Antiseptic." In this paper the essayist recommended Echinacia as one of the best if not the best of blood remedies known to the profession. As an external application in boils, senile gangrene, and in fact any local infection, he considered it more satisfactory than any remedy he had ever used. He also reported good results in the treatment of anthrax by the employment of echinacia externally and internally. He recommended the use of the drug in toxæmias of all kinds, and had no hesitancy in saying that he considered it one of the best and most important remedies known to the medical profession. The paper received a limited amount of discussion owing to the fact that but few of those present had had any experience with the remedy.

Dr. Charles W. Frink, of Elkhart, presented a paper on "The Limitation of Drug Medication." (This paper appears in full in this issue of the JOURNAL-MAGAZINE).

The afternoon session opened with a paper on "The Etiology and Treatment of Headaches," by Dr. H. R. Niles, of Flint, Mich. The essayist called attention to the fact that in considering headache we are dealing not with a definite disease process, but with an important symptom of a great many diseases. That while



we are comparatively ignorant as to the extent of the seat of the pain and the mechanism of its production we know that the pain may be located in the scalp, in the bone or the pericranium, in the membranes, or the brain itself; that the pain may result from a disturbance of the cerebral circulation, a perverted condition of the blood, reflex irritation or pressure on the brain by inflammatory exudate or tumor. The importance of a hereditary predisposition or an inherent tendency to neural instability as an etiological factor was emphasized. A correct etiological diagnosis will only be reached by a careful study of the patient, taking into consideration every system of the body, which necessitates the painstaking application of the various methods of clinical investigation and very often the assistance of our confreres who have made a special study of the different departments of medicine. In the treatment, temporizing agents will be found necessary in most cases but the important feature is the determination of the cause and its removal. The correct interpretation of every factor at work in the case will be the principal guide in the adoption of therapeutic measures. The author lays stress on hygienic procedures, fresh air, sunshine, regulation of the diet and hydrotherapy. Static electricity is an important adjuvant in the treatment and a mild galvanic current with one pole at the forehead and the other at the back of the neck may be used with good results, particularly if there is a marked psychical element present. Opiates are a dangerous remedy in chronic headache and the coal tar derivatives have no curative value and should only supplement the treatment of the constitutional state which gives rise to the headache.

Dr. T. F. Wood, of Angola, in discussing the paper said that the essential thing in the management of these cases is to discover the cause. Headache is only a symptom and the manifestation of some definite pathological process which must receive attention before the symptom can be permanently relieved. Back of many of the headaches will be found a disordered state of the digestive system and imperfect metabolism. Elimination will prove more satisfactory in the treatment of such cases, and in fact is applicable to more cases of headache than any other form of treatment.

Dr. Aaron, of Detroit, said he desired to emphasize the fact that auto-intoxication was responsible for many disturbed conditions of the nervous system, and that torpidity of the bowels was one of the most common manifestations in connection with



the so-called sick headaches. He, therefore, would recommend as a part of the eliminative treatment already spoken of, thorough cleansing of the bowels, particularly by flushing.

Dr. Weist, of Montpelier, said that it must be remembered that headaches were due to a variety of causes, and that while disturbed nutrition and impairment of the eliminative functions was responsible for many headaches, yet there are some purely nervous diseases as well as disturbances of special functions which are responsible for the headaches. In this connection he mentioned the fact that fully 50 per cent. of all common headaches are due to eye strain, the correction of which will depend upon properly adjusted glasses. In the persistent splitting headaches in the otherwise healthy, one is warranted in looking for brain tumors or the inflammation of some of the nerve structures.

"The Treatment of Movable Kidney Without Surgical Interference" was the title of an excellent paper presented by Dr. Chas. D. Aaron, of Detroit. This paper, an author's abstract of which appears in this number of the JOURNAL-MAGAZINE, was illustrated with demonstrations of Dr. Aaron's method of treating movable kidney by means of bands or corsets.

In discussing the paper Dr. Stoltz asked if the treatment was applicable to those cases in which there was prolapse of other organs, and if so, if the applications of the bands or corsets would not have a tendency to produce a malposition of the prolapsed organs. He said he could understand that the patients would feel very much more comfortable as a result of a support of the internal organs according to the plans suggested by the essayist, but he was not satisfied that such very favorable results could be secured as had been reported.

Dr. Carstens, of Detroit, in a very interesting discussion of the paper said that only five per cent. of all cases of really movable kidney could be considered operable cases, and therefore, the question of surgical interference in this class of cases was a question of selection and when carried out by an intelligent surgeon was successful treatment. He emphatically denied the possibility of securing such favorable results from the treatment of movable kidney by the use of bands or corsets as had been reported by the essayist. He declared that it was impossible to hold up a floating kidney with any corset or bandage that might be devised by any physician or mechanic, no matter how skilled. In explanation of this statement he said it was only necessary to remember the ana-



tomical relations of the parts, and the impossibility of placing a movable kidney between such firm supports as would be necessary in order to hold it in place without distortion or injury of the surrounding soft parts. As to the failures of operation for movable kidney there could be only one explanation. Either the cases had been badly selected or the operation badly done. The operation for a movable kidney is entirely satisfactory when rightly done, and the proper method of operating is to strip the capsule and stitch it to the muscle.

In closing the discussion Dr. Aaron said that his experience in 442 cases of movable kidney, and the gratifying reports from the majority of those patients regarding the satisfactory results secured from the wearing of properly constructed bands and corsets was sufficient testimony to substantiate the statement made as to good results secured.

"Reports on the Results of the Use of the Elastic Ligature (McGraw) in Gastro-Enterostomy," was the title of a paper presented by Charles W. Nancrede, of the University of Michigan. This paper appears in full in this issue of the JOURNAL-MAGAZINE.

In the discussion Dr. Aaron said that he desired to compliment the essayist on the success obtained in his operations. He thought it was a common mistake to operate too late in these cases, and that much of the bad results secured from operative treatment arises from this cause.

Dr. Carstens endorsed the views of Dr. Aaron and said that in all instances the operations must be early if successful.

Dr. Crane, of Kalamazoo, described a case operated by Dr. Nancrede's assistant in which the methods advocated in the paper had been employed. The case resulted in a favorable termination.

In closing the discussion Dr. Nancrede condemned the use of the Murphy button on the ground that it does not always work just as in theory it is expected to work. The successful results secured by following the plan advocated in the paper were secured by attention to details, and he emphasized the necessity of carrying out with care and precision many of the steps which might seem trivial and unimportant.

"Iritis; Its Differential Diagnosis and Treatment," was the title of a paper presented by Dr. Albert E. Bulson, Jr., of Fort Wayne. The essayist called attention to some of the salient points in the diagnosis of iritis, mentioning particularly the symp-



toms which distinctly differentiate the disease from conjunctivitis, episcleritis, keratitis, glaucoma, etc. Except for glaucoma, iritis is usually accompanied by more pain than the other ocular diseases with which it may be confounded, and this pain is more marked during the night. In differentiating iritis from glaucoma, the essayist said, that one of the principal symptoms of glaucoma is increased tension as discovered by palpation, accompanied by a shallow anterior chamber and dilated pupil. In iritis the tension is not increased, or but slightly so, the anterior chamber is normal, and the pupil contracted. In both the vision is reduced. In the various diseases affecting the external tissues of the eye, such as conjunctivitis in its various forms, episcleritis, but not including keratitis, the vision is not affected. The essayist said there were two forms of iritis, the plastic which is far the more common, and what is known as serous iritis which should be called uveitis as it affects the entire uveal tract instead of the iris alone. The strain of accommodation produced by improperly adjusted glasses was given as a frequent cause of serous iritis or uveitis in the middle-aged. As a causative factor in the production of plastic iritis, syphilis was stated to be present in at least 60 per cent. of all cases, with rheumatism following next in order, and then traumatism. As treatment, atropine was called the "sheet anchor of success" in the plastic or more common form of iritis, together with the internal administration of specific or rheumatic treatment as may be indicated. Hot applications are soothing and assist in producing results.

In discussing the paper Dr. Goodrich, of Elkhart, said he thought iridocyclitis might offer some difficulties in arriving at a correct diagnosis or in determining that the iris is alone involved. For exudates within the eye-ball he thought massage was applicable and very beneficial.

In closing the discussion for Dr. Bulson who was obliged to leave the meeting before the discussion of his paper, Dr. Van Sweringen said that he thought it very probable that many of the structures of the internal eye were in a measure affected along with the iris when a typical iritis exists. As in any other diseases prompt diagnosis is essential to not only successful treatment so far as relieving the patient, but in saving vision. The longer an iritis goes unrecognized, generally speaking, the greater the amount of exudate thrown out in the pupillary space to impair vision, and the firmer the adhesions of the iris to the lens with all



the dangers which such a complication offers. An irregular pupil always indicates iritis, and in the presence of such an appearance of the pupil, and no increase of tension and shallowness of the anterior chamber, atropine should be instilled into the eye at once.

(TO BE CONCLUDED IN THE JANUARY NUMBER.)

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***Allen County Medical Society***

The annual election of officers of the Allen County Medical Society, Fort Wayne, Ind., resulted as follows:

President—Dr. E. E. Morgan.

Vice-President—Dr. A. E. Van Buskirk.

Secretary—Dr. J. C. Wallace.

Treasurer—Dr. W. P. Whery.

Censors—Drs. G. B. M. Bower, Mary A. Whery and G. B. Stemen.

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***Mississippi Valley Medical Association.***

The third annual meeting of the Mississippi Valley Medical Association will be held at Cincinnati, Ohio, Oct. 11, 12 and 13, 1904. The following are the officers of the Association:

President—Edwin Walker, M. D., Evansville, Ind.

President-elect—Hugh T. Patrick, M. D., Chicago, Ill.

First Vice-President—Bradford Lewis, M. D., St. Louis, Mo.

Second Vice-President—Geo. W. Cale, Jr., M. D., Springfield, Mo.

Secretary—Henry Enos Tuley, M. D., Louisville, Ky.

Assistant Secretary—S. C. Stanton, M. D., Chicago, Ill.

Treasurer—Thos. Hunt Stucky, M. D. Louisville, Ky.

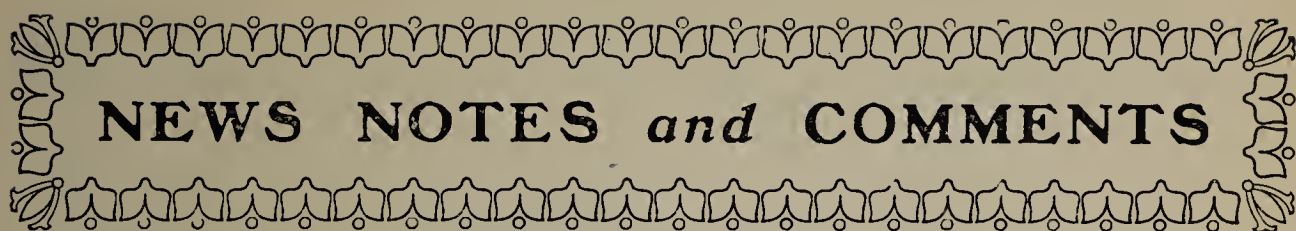
Chairman of Committee on Arrangements—B. Merrill Rickets.

At the Memphis meeting the following resolution was offered:

WHEREAS: The value of perfect sight and hearing is not fully appreciated by educators, and neglect of the delicate organs of vision and hearing often leads to disease of these structures, therefore, be it

*Resolved*; that it is the sense of the Mississippi Valley Medical Association that measures be taken by Boards of Health, Boards of Education and School authorities, and where possible, legislation secured, looking to the examination of the eyes of all school children, that disease in its incipency may be discovered and corrected.





## NEWS NOTES *and* COMMENTS

### ***Dr. Morgan Sues for \$50,000 Damages.***

Dr. R. J. Morgan, of Van Wert, Ohio, who was severely injured on June 17, 1903, as a result of the automobile in which he was riding plunging into a ditch which had been left uncovered and unprotected by contractors who were building a bridge over the ditch, has sued the contractors for \$50,000 damages. Dr. Morgan in his complaint says that his left leg was splintered and made useless for life and his head very seriously bruised. He further asserts that he will be a cripple for life and unable to carry on his medical practice from which he made an income of \$9,000 annually. We sincerely hope that Dr. Morgan will succeed in securing judgment for the entire amount demanded, for he received injuries which have permanently crippled him, and for which the criminal carelessness of the contractors is wholly responsible. The suit has been filed in the Federal Court at Indianapolis.

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### ***Marriage of Dr. Culp.***

Cards have been received announcing the marriage of Dr. L. L. Culp, of Little Eagle, S. Dak., to Miss Blanche Cornelius, of Columbia City, on October 8. Dr. Culp was formerly a resident of Fort Wayne.

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### ***Failure to Report Smallpox.***

The Secretary of the State Board of Health complains that some county health officers in Indiana are very inactive, as well as ignorant of the requirements of all health officers of the State. During August the health officers of two separate counties reported that there were no cases of smallpox in their respective counties. Inasmuch as unofficial reports had been turned in to the State Board of Health to the effect that smallpox did exist in the counties, the Secretary made an investigation and discovered that in one of the counties there existed at the time the report was made, five cases of smallpox, and in the other county thirty-one cases. This is a sad commentary on the efficiency of our health officers, and yet ought to be sufficient to indicate that it is not



only absolutely necessary to appoint a good man to the position of county health officer, but pay a reasonable amount for the service rendered by health officers.

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***Gutscher Fined.***

The proprietor of the Gutscher sanitarium, at Larwill, held the health laws in such contempt that he refused to maintain the quarantine established at the sanitarium as a result of the development of small pox in the institution. The very competent and energetic health officer of Whitley county, Dr. W. F. King, of Columbia City, promptly had Mr. Gutscher arrested and fined \$25 and costs, amounting in all to \$63.18. Mr. Gutscher promptly decided that it was better to obey the law, and hereafter all quarantine regulations at the sanitarium will be strictly obeyed.

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***Improved Sanitary Conditions For Geneva.***

The town of Geneva, in Adams county, a short distance from Fort Wayne, was in such an exceedingly bad sanitary condition as a result of neglect on the part of the health officers to enforce sanitary laws, that some of the more progressive citizens found it necessary to appeal to the State Board of Health for aid in improving conditions. Accordingly a deputy health officer was sent to Geneva, and inspection confirmed the reports as to the deplorable sanitary and hygienic conditions. As a result of the official action on the part of the State officers the town Board of Trustees were required to pass an ordinance compelling people to clean up their premises and disinfect where necessary, failure to do so within ten days to be followed by such action on the part of the authorities, the expense of the same to be charged against the property as a direct tax. It must be a little humiliating to some of the good citizens of Geneva to have the town forced by the State authorities to clean up and generally improve sanitary conditions of the town.

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***Hope at Last in Chronic Nephritis.***

The operation devised by Edebohls has now been before the profession for sufficient time to demonstrate its utility in selected cases, and it has been performed by so many operators under such varying conditions that it should now be accorded a place in legitimate surgery. Certainly it does not save every case; and the



operations must be undertaken early in the disease and be performed only by skilled operators; yet in a disease whose speedy end in death is inevitable, every practitioner owes it to his patients to tell them of the operation and its attendant dangers and chances, and allow them to make the choice. The reports of cases thus far show no difference in results between interstitial, parenchymatous, and diffuse forms of the disease.

The operation is known as Edebohls' operation, or decapsulation of the kidney. Besides the original operator, Rose, Wolff, Ferguson, and Guiteras have reported series of cases which did well. Edebohls has operated fifty-one times; nine cases were cured and remained well through periods ranging from two to ten years; two were not benefitted; and fourteen died. Improved technic, through extended experience, should lessen this mortality considerably. Seven of the fourteen died within fifteen days and the other seven lived for longer periods, so that in some of these the operation could not reasonably be assigned as a cause of death.

The kidney is exposed by the incision in the loin, as in other operations, and the capsule proper is excised. The beneficial effects are attributed to the development of numerous blood vessels in the adhesions between the kidney and surrounding tissues, through which the blood stream is diverted to the kidneys. This, it is assumed, leads to the gradual absorption of the intertubular inflammatory deposits, thus allowing the tubules and glomeruli to go free and resume their function as new epithelium is formed which has the capacity for carrying on secretion.

We do not advise the inexperienced operator to attempt it, but we do advise every physician who has a case of Bright's disease in the earlier stages, telling his patient the actual facts in the case.—*Medical World*.

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#### ***Practice for Sale.***

Dr. J. E. Miller, 1302 Calhoun Street, Fort Wayne, Ind., announces that owing to ill health and the necessity for seeking a more favorable climate, he offers for sale his good paying general practice and office equipment at a bargain. His location is in the center of the city, and cash income for the past year has been \$4,000. Purchaser will be introduced and given every reasonable help in becoming established. If desired, residence may be purchased along with practice and office equipment. Those interested are advised to write Dr. Miller at the address given.



***Bonding of Those Who Bring Malpractice Suits.***

At the recent meeting of the New York State Medical Association an action was taken which demands that the committee on legislation of the society shall take steps to procure the passage of a law requiring those bringing suits for malpractice against physicians to be bonded in evidence of good faith.

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***Anaesthetics in Children.***

In an article upon this subject, in the *Medical Record*, Dr. S. J. Kopetzky says that the claim that the use of chloroform is safer than the employment of ether with children is not borne out with close observation. This is especially true of robust and healthy children. It is dangerous because an overdose may be easily given. Cardiac failure may set in in the beginning of the administration because of the violent and dangerous struggles which take place, and the tendency to push the anæsthetic. Cardiac syncope following vomiting may occur at any time during the administration of chloroform, or after, and result fatally. On the other hand nitrous oxide is quick in action without dangerous symptoms, and when followed by ether from a closed inhaler rapid evaporation from the lung is avoided and ether pneumonia does not occur. In conclusion he warns against the practice of commencing short operations on the nose and throat and eye before complete anæsthesia has been induced. Also the practice of using chloroform in the upright position.—*Journal of the American Medical Association.*

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***Hope Hospital Training School.***

The graduating exercises of the Hope Hospital Training School for Nurses was held at the Masonic Temple, October 18, 1903. Samuel M. Foster, President of the Hope Hospital Association, delivered a very interesting address in which he gave a history of the hospital from its birth to the present date, and made a plea for more generous support on the part of the city and its citizens. He particularly urged that donations be made to pay the expense of equipping the hospital with approved fire escapes, a new laundry, and other features necessary for the satisfactory equipment of the institution. The valedictory was delivered by Dr. Miles F. Porter. The graduating class numbered thirteen, all of whom have completed the prescribed course of three years' study.



***New Editor for The Medical and Surgical Monitor.***

The October and November numbers of the *Medical and Surgical Monitor*, published at Indianapolis, make their appearance under the editorship of Dr. Albert E. Sterne. Under the new editorial management this periodical gives promise of attaining still greater usefulness as a purveyor of information of scientific and practical interest to the medical profession. Dr. Sterne is a very capable and forceful writer, and with his usual keen discernment will publish only that which is of real value to the readers of his periodical. His characteristic energy insures attention to all the details which go to make up a first-class medical journal.

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***Death of William M. Warren.***

William Matthews Warren, general manager for Parke, Davis & Company, died at his home in Detroit, Mich., on November 11, 1903, at the age of 39 years. Mr. Warren entered the firm of Parke, Davis & Company when a boy of 17, and rose steadily through the various grades until at the age of 32 he filled the highest place in the gift of the house, that of general manager. Much of the wonderful success of the firm with which he was identified has, within the past few years, been due to his energy and enterprise. The directors, executives and employees of Parke, Davis & Company have paid a beautiful tribute to Mr. Warren in a memorial statement recently issued.

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***The Oppenheimer Institute.***

The general statement of the history, development and work of the Oppenheimer Institute and the Women's National Auxiliary has been issued from the general office at 170 Broadway, New York. The statement is worthy of the attention of all those who are interested in the treatment of diseases due to alcohol and drugs. A paragraph which particularly interests physicians is the one in which the officers announce that the Oppenheimer Institute will conduct its operations in accord with the general principles of ethics as adopted by the medical profession. The Institute has the endorsement of some of the most prominent business and professional men in New York and other eastern cities, and quite recently has secured the endorsement and co-operation of some of the most prominent women in America interested in philanthropic and charitable work.



*A New Hospital For Albion, Indiana.*

We have just received the announcement of the Newhope Hospital at Albion, Ind., recently opened for patients. John W. Morr, M. D., is president and physician in charge, R. S. Malony, D. D. S., is vice-president and secretary, and the other members of the board of directors are R. L. Stone, M. C. Beck, Elza Shaffer, and Edward Eagles. Mrs. Gertrude Bertram will be head nurse, and Mrs. Laura E. Bremer assistant nurse. Mr. and Mrs. Geo. Simmon will serve the hospital in the capacity of steward and matron. It is announced that the hospital has been completely equipped with everything necessary for the proper care of all medical and surgical cases. Accommodations for twelve patients have been provided, but additional accommodations will be provided as needed.

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*Indiana State Nurses' Association.*

The trained nurses of Indiana met at Hope Hospital, Fort Wayne, Friday, November 27, 1903, and perfected an organization under the above title. The following officers were elected: President, Mrs. Fournier, of Hope Hospital, Fort Wayne; First Vice President, M. Henderson, of the Union Hospital, Terre Haute; Second Vice President, L. Hill, of Fort Wayne; Secretary, Mary Scott, of Indianapolis; Treasurer, Florence Grant, of Indianapolis. The next meeting will be held at Indianapolis about February 22 when will be decided the time for regular meetings.

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WE ARE INFORMED by the Globe Manufacturing Company that an unusual number of inquiries were received by them in response to their special offer made September and October. They were naturally quite pleased over this showing, and have decided to make another attractive offer during December. They will call this their Holiday Bargain. Intending purchasers will doubtless be interested, in view of the standard quality of the goods offered by this firm. Incidentally this testimony indicates that our subscribers read the advertising pages, and are on the alert to avail themselves of a good thing in the way of a bargain when it is placed before them. For further information note their ad. in this issue, or write them direct.



## ◊ MEDICAL ◊ REVIEWS ◊

### *Department of Medicine and Therapeutics*

In Charge of George W. McCaskey, A. M., M. D.

Professor of Clinical Medicine in the Fort Wayne College of Medicine, Ft. Wayne, Ind.

#### *The Importance of Hematologic Investigations.*

The number of those who decry the importance of blood examinations as a diagnostic measure is progressively diminishing, while the number of physicians who include a hematologic investigation among their clinical assets is as progressively increasing. It is not only the enumeration of the erythrocytes and the leukocytes and the estimation of the hemoglobin percentage that are of importance but also a knowledge of the morphologic characteristics of the dried and stained films is frequently necessary for a satisfactory diagnosis. In some instances, although the blood may show no absolute leukocytosis, stained specimens show a relative leukocytosis of the first importance. In the case recently reported by Kelly of a man who complained of weakness and who presented on physical examination, slight jaundice, great enlargement of the spleen, moderate enlargement of the liver and leukoderma, a blood examination showed only 9,000 leukocytes. A differential count, however, showed that 98 per cent. of the white cells belonged to the lymphocyte class. Under observation, the leukocytes at different times numbered 6,000, 5,200, 18,200, and 37,600, and always with an increase of lymphocytes (96.5 and 98 per cent.). The patient died in coma. At the necropsy marked enlargement of the lymph nodes, except those of the axillary and the inguinal regions; enlargement of the spleen; gumma and syphilitic cirrhosis of the liver, and lymphadenoid bone marrow were demonstrated. There seems to be a tendency, among certain observers, to depart from the original division of leukemia into two classes—lymphatic and myelogenous, as made by Ehrlich. To one reading the chapter on leukemia in the eighth volume of Nothnagel's *Specielle Pathologic und Therapie*, by Ehrlich and Lazarus, the position of these writers is remarkably clear and their logic appears sound. It is possible that in cases such as the one detailed by Kelly an intercurrent syphilitic infection produced by anomalous conditions found in the blood making organs. Cases of lymphadenoid degeneration of the bone



marrow are perplexing; but there is no reason why this should not be a secondary manifestation as well as that secondary deposits of lymphoid tissue should be found in an organ like the liver. Neither does it seem absolutely essential that the lymph nodes shall be enlarged in order that the lymphocytes shall be swept in abnormal proportions into the blood stream.—*Journal of the American Medical Association.*

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### ***Brain Strain Dyspepsia.***

C. H. Hughes (St. Louis, Mo.) before the Mississippi Valley Medical Association, called attention to conditions encountered among men and women of affairs, of brain strain connected with defective innervation in the stomach. A study of the pneumogastric nerve in its relation to the stomach, as well as to the remainder of the intestinal tract and the abdominal and thoracic viscera, with reference to the important origin and functions of the vagus nerve, and due therapeutic attention to these important relations gave physicians a broader and better treatment, one that might prove successful, if defective neural vigor in these relations could be overcome and local destruction of vital parts (the gastric mucosa and petogenic glands) had not reached conditions of impossible physiologic reconstruction. The treatment of the usually encountered dyspepsia, when the the natural causes being the gastric atony were considered, the deficiency in the normal secretion of gastric juice (quantity or quality) and the ulcerations, etc., which came on when gastric duodenal innervation was lowered and the formation of products of undigested decomposition, was not complete with lavage, hydrochloric acid, pepsins and pancreatins alone. The neural relations must be strengthened by treating the patient neurotherapeutically, and with especial reference to brain rest and restoration, for dyspepsia was a disease of brain strain origin and defective vagus gastroduodenal innervation—*American Magazine.*

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### ***Urinary Hyperacidity.***

Brown, in *New York Medical Journal*, on this subject says: "We feel justified in again calling attention to this condition and to the necessity of its proper recognition and treatment for many reasons. In the first place the condition is by no means rare, as shown by the fact that we have met with upwards of twenty



cases in the past three years. In the second place the condition is frequently misinterpreted, and in the majority of cases erroneously treated, as shown by the fact that more than half of our cases had been diagnosticated as cystitis by one or more physicians, a diagnosis which may lead to most deplorable results in cases where irrigations and topical applications are advised unless technique is absolutely perfect, and under any circumstances such treatment is absolutely wrong and unnecessary in this condition and does no good. In the third place if the condition has been present for a long period of time congestion and irritation of the trigonum are likely to occur, which renders the treatment more difficult and the hope of a rapid cure less good.

For these reasons it seems most important that urinary hyperacidity should be recognized as a cause of symptoms simulating cystitis, and if the acidity of the urine were tested in such cases we feel sure that the early diagnosis could be made and the proper treatment, both medicinal, dietetic, and hygienic, could be inaugurated so that a rapid cure could be brought about, and the patient be spared much unnecessary discomfort and pain besides being removed from the possibility of developing a true cystitis by an erroneous diagnosis and improper treatment."



# DEPARTMENT OF SURGERY GYNAECOLOGY *and* OBSTETRICS

In Charge of Miles F. Porter, A. M., M. D.  
Professor of Surgery and Gynæcology in the Fort Wayne College of Medicine,

## *Traction Injuries of Arteries.*

Wylie notices the injuries of the arteries that may be due to contusions or traction, and suggests that in every case of injury to an extremity, subject to traction or contusion force, the circulation should be carefully noted, and if there is absence or feebleness of arterial pulsation, a careful inquiry should be made to determine, and if possible to locate the cause by stethoscopic examination along the exposed part of the vessel for adventitious sounds, etc. He gives cases of injury of the popliteal axillary arteries and their treatment, which consists in rest and immobilization, external heat and careful watching for the return of circulation. Until artery resection with suture of the entire circumference of the vessel becomes a more practical procedure than it is at present, it offers no hope of overcoming the difficulty. When there is complete death of the part supplied by the arteries, amputation is the only recourse.—*Journal of the American Medical Association.*

## *Laparotomy in Typhoid Perforation.*

Richard H. Harte, of Philadelphia, in the course of a paper upon the above subject (*Annals of Surgery*, April, 1903), uses the following words concerning the technic of the operation:

“Immediate operation should be urged even in the presence of profound shock, as every hour of delay proportionately decreases the chances of recovery.

“The incision is preferably made on the right side, and is almost sure to lead down to the seat of perforation, which is always within a short distance of the cæcum. In hunting for the perforation, it is a good rule to start with the cæcum and appendix; then the last three or four feet of the ileum are examined, and as much of the ascending colon as can be exposed. If no signs of peritoneal infection are recognized during this examination, an error in diagnosis has been made, and further operative interference should be discontinued. If, however, signs of peritonitis



are apparent, and the cause is not detected, a median incision should be made so that the entire length of the colon and the remaining small bowel can be carefully examined."

He analyzes 332 reported cases. The average mortality is 73.79 per cent. The mortality has continuously fallen from 90 per cent. in the period from 1884 to 1888 to 69.1 per cent. in the period from 1899 to 1903. The mortality was found to be less in cases in which the lateral incision was made. In concluding he says:

"In reviewing my work in this gloomy field of surgery, I feel convinced that there are two important factors to be carefully considered. First, the early recognition of the lesion and dealing with it as rapidly as possible, in order that as little time as possible will elapse from the time of perforation until operation has been performed; and, second, that the operation should be so planned, since time is so important an element, that not a moment should be wasted during it, the technique being of the simplest character, as every moment of delay will cause a much higher percentage of mortality.

#### ***Diagnostic Points of Renal Tuberculosis.***

1st. The presence of tubercular disease elsewhere in the body.

2d. A previous trauma of the kidney.

3d. Hematuria, usually early.

4th. Frequent micturition at night.

5th. Polyuria, followed by a diminution in amount.

6th. Pain and tenderness in kidney region, with sometimes colic.

7th. A tumor on affected side.

8th. The characteristic fever of tubercular infection.

9th. Examination of the urine shows—

(1) Increased amount.

(2) Albumen absent, early, and may be present in small amount later.

(3) Tube casts as a rule absent.

(4) Acid reaction.

(5) The presence of pus.

(5) The presence of tubercle bacilli shown by tinctorial and inoculation methods.—*I. D. Thomas, Virginia Medical Semi-Monthly, July.*



***The Cervix in Ectopic Gestation.***

Pinard gives his opinion on this subject. He finds that the modification of the cervix uteri in extra-uterine pregnancy is not properly interpreted. In reports we read "Cervix small, firm, not softened." These words mislead many students and gynecologists. The cervix always becomes softer in pregnancy, whether normal or extra-uterine, but it must not be forgotten that the ovum dies. Very often when ectopic gestation is diagnosed that condition exists, clinically speaking, but the foetus has for some time been dead. The cervix in such a case is firm, for obstetrically speaking, there is no pregnancy, nothing but a foetal sac. Pinard notes that when an extra-uterine pregnancy has gone on to term the cervix uterie may be so soft that an experienced obstetrician may suspect that the gestation must be normal after all.—*British Medical Journal*.

---

***The Complications of Hypertrophy of the Pharyngeal Tonsil.***

Dr. George B. Wood, in *American Medicine*, of Oct. 3, says that the complications of the hypertrophy of the pharyngeal tonsil may be divided into two groups, mechanical and infectious. Mouth breathing is almost purely a mechanical complication, but may be produced by conditions favoring infection. The most serious complications due to hypertrophy of the pharyngeal tonsil are disturbances within the middle ear. Statistics relative to the complications attending enlargement of the tonsils are quoted. Of 361 patients with nose and throat trouble 149 had hypertrophy of the tonsils or adenoid growths. Nasal discharge or recurrent attacks of coryza were present in 78 cases. Some form of ear trouble was present in 63 cases, or 42 per cent. Symptoms of nasal obstruction in 117, or 78 per cent. Headache was present in 28 cases, or 19 per cent. All of these symptoms depended upon the adenoid hypertrophy and disappeared after the removal of the growth. He further says that tonsils are of no more importance than the ordinary lymph glands, and their removal, therefore, offers no more objections.—*Journal American Medical Association*.



## DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PEDIATRICS

In Charge of Budd Van Sweringen, M. D.

Professor of Theory and Practice of Medicine and Clinical Medicine in the Fort  
Wayne College of Medicine.

### *Gonorrhoea in Infants, with a Report of Elght Cases of Pyæmia.*

Kimball, *Medical Record*, November 14, 1903, thus concludes an article with the above title.

Gonorrhœa prevails among infants and children to an extent not fully appreciated by the medical profession at large, and has become a common epidemic in institutions where numbers of children are placed together.

The ordinary clinical forms which the gonococcus infection assumes in children are ophthalmia, vulvovaginitis, and pyæmia.

A series of cases of pyæmia, reported in this paper, occurred in infants, in whom no local lesion could be found to explain the mode of entrance of the organism to the general circulation.

The suggestion is made, that from a stomatitis due to the gonococcus such a systemic infection may arise. Gonorrhœal stomatitis in infants is a disease that needs further study.

Only by careful exclusion, by microscopical examination, and by complete isolation can this disease be absolutely debarred from a hospital where infants are cared for.

There is urgent need of public enlightenment on this subject. Those in charge of institutions for children, trained nurses and even parents, should be taught the frequency and virulency of this infection and the ease with which it is spread. It should be the duty of health authorities to include gonorrhœa among the acute infectious diseases of children.

---

### *Medical Treatment of Gall-Stones.*

The theories of the formation of gall-stones are cursarily reviewed by Richardson (*Therapeutic Gazette*, November 15, 1903), who quotes the analysis of Austin which seem to prove conclusively that cholesterine gall-stones are the result of a deficiency of glycocholic acid.

It naturally suggests itself that the prophylaxis of gall-stones



is the administration of glycocholate of soda by the mouth, since it will then be absorbed from the intestine, entering the gall-bladder from the liver, and hold the cholesterine in solution. The question as to the possibility of dissolving gall-stones *in situ* has recently been investigated by Vaughan Harley and Wakelin Barratt (*Journal of Physiology*, 1903). They inserted large gall-stones into the gall-bladders of healthy dogs with antiseptic precautions, and found that in periods from six months to one year the gall-stones had entirely disappeared, showing that the healthy bile of the dog is capable of dissolving cholesterine stones. They also inserted gall-stones into the gall-bladder, and at the same time produced cholecystitis, with the result that the gall-stones remained unaltered. Unfortunately no analysis of the bile was made in these cases, but from the work of Herter and Wakeman and the analysis of Austin it seems certain that in the cases where cholecystitis was produced there was a deficiency of bile acids, as in no other way is it possible to explain the solution of the stones in the normal bladder and there remaining undissolved when cholecystitis was present.

From the above experiments it is evident that by the administration of glycocholate of soda it must be possible to dissolve gall-stones in the bladder, and even when cholecystitis is present glycocholate of soda is indicated not only as a prophylactic but as a solvent for stones already present, and that in those cases only in which there is occlusion of the gall-duct is surgical interference permissible.

---

***Treatment of Influenza With a View to the Preventive  
Treatment of Pneumonia.***

Brandt (*Therapeutic Gazette*, November 15, 1903) thinks pneumonia may often be prevented as a sequela of influenza by attention to obvious hygienic rules, a liquid diet, and the administration of the salicylates.

• He attributes the effect largely to the antiseptic action of the salicylates although some of it is due also to the diaphoretic and diuretic action. Aspirin and salpyrin may be substituted for the sodium salt when the latter is not well borne.





## BOOK REVIEWS

*The A. B. C. of Photo-Micrography*—A Practical Handbook for Beginners. By W. H. Walmsley, F. R. M. S., F. A. A. S., Charter Member American Microscopical Society, Etc. New York. Tennant & Ward. 1902. Price \$1.25.

This little monograph on the subject of Photo-Micrography with which Dr. Walmsley's name has been associated for a long time is a very clear exposition of this important subject. The camera does not have the extensive use in medical work that its merits should command, and the perusal of this little volume will go far toward giving the information needed and supplying an adequate stimulus toward this sort of work.

The work is illustrated by some most excellent plates, reproductions of photo-micrographs taken by the author, and will serve as high examples of art along these lines. G. W. McC.

---

*Functional Diagnosis of Kidney Disease* with Especial Reference to Renal Surgery. Clinical Experimental Investigations. By Dr. Leopold Casper (Privatdocent an der Universitat) and Dr. Paul Friederich Richter (Assistant der III Med. Klinik) in Berlin. Translated by Dr. Robert C. Bryan, Adjunct Professor Genito-Urinary Diseases, University Medical College, Richmond, Va., and Dr. Henry L. Sanford, Resident Surgeon Lakeside Hospital, Cleveland. Philadelphia. P. Blakiston's Son & Co. 1012 Walnut Street. 1903. Price \$1.50.

The determination of the functional state of each kidney is one of the most difficult problems which confront the practical clinician. The mere presence of albumin and even of pus which may be definitely assigned to a renal origin gives no information whatever as to the relative condition of the two kidneys. Furthermore it is becoming more and more obvious that the presence of a small amount of albumin and a few casts does not necessarily indicate any serious renal lesion; that is to say a lesion which impairs the functional integrity of these organs. Recourse must be had to other methods and the important thing is to determine the functional capacity of the kidneys. Within a few years many important aids in this direction have become available, cryoscopy being the latest and a really valuable addition.

This little volume gives within a very moderate compass the most reliable methods for determining the functional capacity of both kidneys or of each kidney separately, the latter being a very pressing question in cases where surgical invasion of one kidney is indicated



and especially its complete removal. If urine is obtained from one kidney and found to contain both albumin and casts, there are cases on record to show that this might be the kidney which was really doing the work and its removal might be a fatal step for the patient.

The volume is commended as the latest exposition of the subject to all those who are working along those lines.

G. W. McC.

**Compend of Gynecology.**—By William H. Wells, M. D., Chief of the Gynecological Staff of the Mt. Sinai Hospital, Philadelphia; Demonstrator of Clinical Obstetrics in the Jefferson Medical College, Philadelphia; etc., etc. Third Edition Revised, enlarged with 145 Illustrations. Philadelphia. P. Blakiston's Son & Co., 1012 Walnut Street. Price, 80 cents.

This is No. 7 of the Quiz Compend. Of its kind it is first-class. Students and practitioners who are preparing for examinations will find this little book very useful.

M. F. P.

**Anatomy.**—A Manual for Students and Practitioners. By Henry E. Hale, A. M., M. D., Assistant Demonstrator of Anatomy College of Physicians and Surgeons, Columbia University in the City of New York; Clinical Assistant in Pediatrics, Vanderbilt Clinic. This is one of the volumes of Medical Epitome Series edited by V. C. Pederson, A. M., M. D., Lea Brothers & Co., Philadelphia and New York.

This is a small volume of 381 pages and treats the subject in a very clear and terse way and in a much more thorough and complete manner than would be possible within the limits of a book of this size were the style not clear and concise. At the end of each division of the work is a list of questions serving to bring clearly before the reader the most important points treated of in the text. There are 71 illustrations. The index is good. The book is of such size that it may be conveniently carried in one's pocket.

M. F. P.

**International Clinics.**—A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articlea on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gymcology, Orthopedics, Pathology, Dematotogy, Rhinology, Lasyngology, Hygiene, and Other Topics of Interest to the Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by O. A. J. Kelley A. M., M. D., Philadelphia, U. S. A. with the aid of Collaborators and Correspondents. Volume VIII. Thirteenth Series. 1903. Philadelphia. J. B. Lippincot Company.

The volume before us is fully the equal of its predecessors which is equivalent to saying that it is worthy of a place in any medical library. Particularly worthy of note is the symposium on Diseases of the Gall Bladder and Gall-Ducts which occupies the first 122 pages of the work. Musser of Philadelphia writes on the Medical Aspects of Diseases of the Gall Bladder and Gall-Ducts; Rudolph



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of Edinburgh on the Causation, Symptoms and Diagnosis of Gall-Stones; Charles G. Stockton on the Diagnosis and Medical Treatment of Cholelithiasis and Cholecystitis; F. Lejars on the Value of and Indications for Surgical Intervention in Cholelithiasis; and John B. Deaver on the Surgical and Post-Operative Treatment of Gall-Stone Diseases.

In the second part of the volume the Treatment of Pneumonia; Medical Treatment of Gastric Cancer; Carbolic Acid Treatment of Rectal Diseases; and Serum Treatment of Typhoid Fever are the Topics discussed.

Under the head of Medicine the following subjects are discussed: Malarial Infections; Chemical Types of Pneumonia; Sudden Deaths Due to Respiratory Disorder; A Form of Leukemia Intermediate in Type between the Lymphatic and the Spleno-Medullary Forms; and Chemical Evidence of Myocardial Damage in Rheumatic Fever.

Under Surgery there is an Article on Cocaine Anesthesia, one on General Anesthesia, one on Gastrostomy and Concussion of the Brain, one on Intrascrotal Tumors, and one on the Modern Treatment of Varicose Veins. M. F. P.

**Physicians' Pocket Account Book.**—Published by The Medical Council, 4105 Walnut St., Philadelphia.

This is a one-book system of keeping accounts and the record is small enough to carry in the pocket. The method is said to be legal and it certainly saves work. It may be begun at any time.

B. VAN S.

## MISCELLANEOUS SELECTIONS

**DIETETIC VALUE OF PEPTO-MANGAN.**—*The Dietetic and Hygienic Gazette*, commenting upon the dietetic value of Iron, says:

“Pathologists have given pointers as to the special condition of the iron in the system and in the circulating medium, and the newer preparations aim to imitate that condition. Most of them have a brief day of fame and then drop out of sight for the reason that they lack some element of eligibility. Few are standing the test of time and the critical ordeal of the clinicians. Foremost among these it is safe to name Gude's Pepto-Mangan. It is probably the nearest approach to physiologic reproduction yet devised. It deserves its universal popularity, and its manufacturers do well to restrict its sale to strictly ethical channels.”



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